**Appendix B**

*Please complete for each branch / subsidiary etc. separate*

Preparation of offers for included in the scope of application

further  branches  subsidiary  diverse:

B.1 Contact details / contact person

|  |  |  |  |
| --- | --- | --- | --- |
| **Company name,  Address:** |  | Manager: |  |
| Phone: |  |
| Email: |  |
| Management  representative: |  |
| Website: |  | Phone: |  |
| Phone: |  | Email: |  |

**B.2 Addmission of certification for the company named under B.1 in the multisite process**   
***(only to be filled in if the head office has already been certified by the ift Rosenheim)***

|  |  |
| --- | --- |
| Certification request: | Quality management system EN ISO 9001  Environmental management system EN ISO 14001\*\*  Occupational Health & Safety management  system ISO 45001\*  **Energy** management system EN ISO 50001\* *\*please fill out appendix C sent with each site* |

B.3 Company information of the branch / subsidiary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of employees  *(Please fill in each additional site / branch etc. separately in Appendix B)* | Full-time employees: |  | | Part-time  workers: |  |
| Contract workers: |  | | trainee: |  |
| Part-time workers  (working hours  < 15h / week) |  | | Seasonal  workers (Number in high season): |  |
| Do you have work night shifts?  No  Yes, shift model | Are there works that are only carried out in a certain shift, if yes please describe:  Are there people who only work a certain shift, if so in which shift: | | | | |
| Existing departments / processes: | Management  Human resources  Work preparation  Maintenance  Testing equipment  Purchasing | | Sales  Development  Construction  Warehouse  Production  Others: | | |
| Desired scope on the certificate |  | | | | |
| What products are made: |  | | | | |
| Which services do you offer? |  | | | | |
| What are the health risks posed by your  products / services? |  | | | | |

Filled in on / date: