Information to the Certification Body Quality Austria [office@qualityaustria.com](mailto:office@qualityaustria.com)

According to the accreditation regulations (IAF MD 22:2018, G 8.5.3), OH&S certified clients shall inform the competent Certification Body, without delay, of the occurrence of serious accidents, incidents or breach of regulations (cf. GTC).

Quality Austria – as the accredited Certification Body – is obliged to evaluate this information related to the **OH&S MS** and to decide on the further procedure (no actions required, special audit, withdrawal of certificate) on basis of a risk assessment (IAF MD 22:2018, G 8.5.3)

**OH&S MS** = **O**ccupational **H**ealth and **S**afety **M**anagement **S**ystem

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the company |  |  | | |
| Certified acc. to |  | ISO 45001:2018 |  | AUVA SGM 2012 |
|  |  | OHSAS 18001:2007 |  |  |
| Report created by: Role / function within the company: |  |  | | |
| Contact information for response |  |  | | |
| Informed on (date): |  |  | | |
| **OH&S MS** relevant occurrence: | | | | |
|  |  | Can be assured that the occurrence is related to the Occupational Health and Safety Management System? | | |
|  |  | Serious accident that needs to be reported  (Occupational disability or absenteeism of more than 24 days after an occupational accident or fatal accident) | | |
|  |  | Serious incident that needs to be reported | | |
|  |  | Serious breach of regulation …  … possibility of conviction  yes /  no  … recognized court judgement available  yes /  no | | |
| Source: |  | (e.g. excerpt from the labor inspector’s inspection protocol) | | |
| Short description incl. outline of the impact on the existing **OH&S MS** | | | | |
|  |  | Date of occurrence | | |
|  |  |  | | |
| Impact on / affected by the **OH&S MS** | | | | |
|  |  | Did total or partial failure of the OH&S MS cause the OH&S related occurrence? | | |
|  |  | Based on an internal analysis, only little or no impact of the **OH&S MS** can be identified as cause of the OHS relevant occurrence. | | |
|  |  | Does the OH&S relevant occurrence affect the company’s Occupational Health and Safety Management System? | | |
|  |  | Are changes made to the OH&S MS, based on a methodical incident analysis? | | |
|  |  | yes /  no | | |
|  |  | If so, what kind of changes (in note form) | | |

## I hereby confirm the accuracy of the above information

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place, Date |  | Name, Signature (Unterschrift entfällt bei Mailübermittlung) |

|  |  |  |
| --- | --- | --- |
| Risk assessment conducted by the **quality**austria product manager | | |
|  |  | Strong adverse effect on the **OH&S MS** |
|  |  | Medium adverse effect on the **OH&S MS** |
|  |  | Little adverse effect on the **OH&S MS** |
|  |  | Very little or no adverse effect on the OH&S MS |
|  |  |  |
| Actions to be taken, based on the risk assessment  (**quality**austria product manager, if necessary in cooperation with the lead auditor or expert) | | |
|  |  | Withdrawal of the **OH&S MS** certificate |
|  |  | Conduct of an **OH&S MS** special audit |
|  |  | To be audited in the course of the following **OH&S MS** audit |
|  |  | Other actions to be taken |
| Remarks: |  |  |
|  |  | Risk assessment conducted by: |

## I hereby confirm that a risk assessment has been carried out

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place, Date |  | Name, Signature (Unterschrift entfällt bei Mail-Übermittlung) |