



**AUDIT APPLICATION BY CLIENT**

Doc No: CSS-GMSM-02-01

Updated On: 01-08-2025

Revision: 00

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Please complete this audit application and attach any relevant supporting information describing the company's scope of operation, e.g. company brochures or publicity material.

|       |  |   |
|-------|--|---|
| S/No. | Name of Company:   |   |
| 1     | Registered Address & Business Registration Number:   |   |
| 2     | Audit Address(es):<br>(If different from above)  |   |
| 3     | UEN Number or Workplace Number:  |   |
| 4     | Office Telephone no.   |   |
| 5     | Authorized Representative Name:<br>Contact No:   |   |
| 6     | Email address:   |   |
| 7     | Audit Scope Applied for  | <input type="checkbox"/> Construction <input type="checkbox"/> Shipyard <input type="checkbox"/> Oil & Gas<br><input type="checkbox"/> Metal Working <input type="checkbox"/> Chemical <input type="checkbox"/> Service Sector<br><input type="checkbox"/> Other Industries _____<br>Complexity Level (If others)<br><input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High |
| 8     | Standard(s) to be Audited  | <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018<br><input type="checkbox"/> SS506 Part 3 <input type="checkbox"/> ConSASS <input type="checkbox"/> SHMS (16 element)<br><input type="checkbox"/> BizSafe Risk Management Audit (CP for RM V 2.0)<br><input type="checkbox"/> Other Audit: _____  |
| 9     | Project Name / locations / branches with same UEN number.  |   |
| 10    | Nature of work Activity:   |   |
| 11    | List of Plant/Equipment/Machinery typically, in Use:   |   |
| 12    | Any Outsourced Process / Activity  |   |
| 13    | Language use for Audit:  | English   |
| 14    | Number of workforce (Inclusive of Contract Workers/Staff):   |   |
| 15    | Contract Sum S\$   | S\$   |
| 15    | Is Workplace currently under:<br><ul style="list-style-type: none"> <li>Any MOM Reportable incident...?</li> <li>Business under Surveillance (BUS)?</li> <li>Stop Work Order (SWO) &amp; Fine...?</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide the details _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, since when _____<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when _____ Fine \$: _____  |
| 16    | Any consultancy provided develop & maintenance & audited (QHSE-MS, SHMS, BizSafe, ConSASS, Internal Audit)?<br>If yes, please specify the following...?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name Of Consultant : _____<br>Name Of Consultancy : _____<br>Period of Consultancy: _____<br>Period of Audit : _____  |

**Application Submitted by Client:** Hereby, I declare that the above information's are correct.

|                                  |  |                                   |
|----------------------------------|--|-----------------------------------|
| Proposed Audit Date              |  | <b>Client's<br/>Company Stamp</b> |
| Name (Authorized Representative) |  |                                   |
| Designation                      |  |                                   |
| Signature                        |  |                                   |
| Date                             |  |                                   |

Note: You are not permitted to use of the AO's audit report or testimony or the AO's mark in communication media such as the Internet, brochures or advertising, or other documents.