Please contact the Certification Body TÜV AUSTRIA CERT GMBH at cert@tuv.at.

All companies certified according to occupational safety standards must report serious reportable accidents, incidents and serious legal violations to the responsible certification organisation without delay in accordance with the accreditation requirements.

As an accredited certification body, TÜV AUSTRIA CERT GMBH is obliged to assess this information in connection with the **O**ccupational **H**ealth **&** **S**afety-**M**anagement **S**ystem (**OH&S-MS**) and to decide on further action (no activity necessary, special audit, withdrawal of certificate) on the basis of a risk analysis.

|  |  |
| --- | --- |
| Company name |  |
| Certified according to | ISO 45001 |
| Report generated by |  |
| Role/Function |  |
| Contact details for response |  |
| Date of notification |  |

**OH&S-MS relevant incident** (please tick as appropriate):

|  |  |
| --- | --- |
|  | Serious reportable incident requiring the intervention of the responsible supervisory authority |
|  | Serious reportable incident |
|  | Serious legal offence ... |
| … there is a possibility of conviction yes  / no |
| … there is a recognised court judgment in this respect yes  / no |

**Brief description including the impact on the existing OH&S-MS:**

|  |
| --- |
|  |

**Date of the incident:**

|  |
| --- |
| **Impact on or through the OH&S-MS** (please tick as appropriate): |

|  |  |
| --- | --- |
|  | Based on an internal company analysis, no or only minimal influence of the SGA-MS as the cause of the OH&S relevant event can be determined. |
|  | The OH&S-relevant event has an influence on the company's OH&S-MS. |
|  | A total or partial failure of the OH&S-MS is the cause of the OH&S-relevant event. |
|  | Based on a methodical event analysis, the following changes are made to the OH&S-MS: |

Confirmation of the accuracy of the above information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date Name, Signature

**Only to be completed by the certification body of TÜV AUSTRIA CERT GMBH: Risk assessment by the responsible person:**

|  |  |
| --- | --- |
|  | There is no or very little effect on the OH&S-MS. |
|  | There is a small negative impact on the OH&S-MS. |
|  | There is a medium negative impact on the OH&S-MS. |
|  | There is a strong negative impact on the OH&S-MS. |

|  |
| --- |
| **Actions to be taken on the basis of the risk assessment:** |

|  |  |
| --- | --- |
|  | Joint-audit in the next OH&S-MS audit |
|  | OH&S-MS special audit required |
|  | OH&S-MS certificate withdrawal is required |
|  | Other measures: |

|  |
| --- |
| The risk assessment was carried out by: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, date Name, Signature