

"SMOKE-FREE CULTURE" Certification Scheme

Application Form



1. GENERAL ORGANIZATION INFORMATION

| | | | |
|--------------------|------------|------------------|--|
| ORGANIZATION NAME: | | | |
| DISTINCTIVE TITLE: | | | |
| HEADQUARTERS | ADDRESS: | CITY/ POST CODE: | |
| | PROVINCE: | COUNTRY: | |
| | FAX | | |
| | URL | | |
| VATNr. | TAX OFFICE | | |

ORGANIZATION REPRESENTATIVE :

2. ORGANIZATION ACTIVITY

| | |
|--|---|
| ORGANIZATION ACTIVITY(IES) DESCRIPTION: | |
| ACTIVITY SCOPE FOR CERTIFICATION : | <input type="checkbox"/> ALL THE ACTIVITIES <input type="checkbox"/> PART OF THE ACTIVITES (specify which, below) |

| | | |
|--|------------------------------|-----------------------------|
| SUPPORTIVE OR PART OF ACTIVITIES UNDER CERTIFICATION CARRIED OUT BY SUBCONTRACTORS: (if YES, specify the activities) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

3. ORGANIZATION SITES

| | | |
|---|---------------------------------------|--|
| SITE WHERE THE "TIER I" AUDIT WILL TAKE PLACE | <input type="checkbox"/> HEADQUARTERS | <input type="checkbox"/> OTHER (specify below) |
| ADDRESS : | CITY / POST CODE: | |
| PROVINCE: | COUNTRY: | |

| | | |
|--|------------------------------|-----------------------------|
| REMOTE AUXILIARY SITES / LOCATIONS / SUBSIDIARIES: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

If yes fill in the following

NUMBER OF REMOTE AUXILIARY SITES / LOCATIONS / SUBSIDIARIES UNDER
CERTIFICATION:

| | |
|--|--|
| SITES' TOTAL INDOORS ACREAGE (sq.meter surface) / CAPACITY | |
| SITES' TOTAL OUTDOORS ACREAGE (sq.meter surface) / CAPACITY | |

| | | |
|---|------------------------------|-----------------------------|
| REMOTE AUXILIARY SITES / LOCATIONS / SUBSIDIARIES UNDER CERTIFICATION ESTABLISHED OVERSEAS (other than site for "TIER I audit") | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

If yes fill in the following

| | | |
|---------------------------------|----------|-------|
| OVERSEAS REMOTE ESTABLISHMENT 1 | COUNTRY: | CITY: |
| OVERSEAS REMOTE ESTABLISHMENT 2 | COUNTRY: | CITY: |

4. ORGANIZATION HUMAN RESOURCES

TOTAL NUMBER OF PEOPLE INVOLVED IN THE ACTIVITY
AND SITES TO BE CERTIFIED (subcontractors are excluded)

NUMBER OF PEOPLE INVOLVED PERMANENTLY

NUMBER OF PEOPLE INVOLVED TEMPORARILY

| | | |
|---|------------------------------|-----------------------------|
| SHIFTS EXIST FOR THE ACTIVITY(IES) UNDER CERTIFICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---|------------------------------|-----------------------------|

If yes fill in the following

| | |
|-------------------------|-----------------------------|
| Nr. OF SHIFTS (if any): | NUMBER OF PEOPLE ON SHIFTS: |
|-------------------------|-----------------------------|

"SMOKE-FREE CULTURE" Certification Scheme

Application Form



5. ORGANIZATION AUXILIARY OPERATIONAL ASSETS

CORPORATE TOOL CARS / VEHICLES : YES NO
 If yes fill in the following

NUMBER OF CARS / VEHICLES

6. ORGANIZATION READINESS TO CERTIFICATION

CHECK ORGANIZATION PRESENT READINESS FOR CERTIFICATION LEVEL:

| TIER I | TIER II |
|---|---|
| "SMOKE-FREE CULTURE" SYSTEM DOCUMENTATION HAS BEEN DESIGNED / RESOURCES / INFRASTRUCTURES etc. TO SERVE FACILITATE "SMOKE-FREE CULTURE" ARE SET / ESTABLISHED ON-SITE | "SMOKE-FREE CULTURE" RUNS EFFECTIVELY ON-SITE |
| <input type="checkbox"/> | <input type="checkbox"/> |

OR DEFINE THE ESTIMATED READINESS OF THE ORGANIZATION FOR EACH TIER ACCORDINGLY:

| | |
|-------|-------|
| DATE: | DATE: |
|-------|-------|

SITE WHERE THE TIER I DOCUMENTATION IS AVAILABLE:

RESPONSIBLE PERSON FOR COMPLIANCE WITH PROTOCOL REQUIREMENTS :



ORGANIZATION OBTAINS CERTIFICATION FOR A SOCIAL ACCOUNTABILITY STANDARD OR SETS VERIFIED CORPORATE SOCIAL RESPONSIBILITY

YES NO

IF YES, MENTION THE STANDARD

DESIRABLE AUDIT DATE (MONTH / DATE) FOR TIER I AUDIT

OTHER INFORMATION – REMARKS

I hereby declare that the organization has in place all the necessary legislative documentation relating to its activities

DATE

SIGNATURE AND STAMP

Please fill in the application form and email it to

certification@tuv.at

For any further information, please contact +30 210 5220920

| | | |
|------|--|-----------|
| Date | <u>APPLICATION REVIEW</u> (to be filled in by the Certification Body) | Signature |
|------|--|-----------|