

## Information to the Certification Body Quality Austria

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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 a serious accident, incident or breach of regulation (cf. GTC, XIII Rights and obligations of holders of a **qualityaustria** certificate and certification mark) necessitating the involvement of the competent regulatory authority.

Note: Reporting without delay means to inform Quality Austria as soon as it is evident that the incident is a serious incident / accident, which must be reported, or a serious breach of regulation in relation to occupational health and safety.

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 action required, special audit, withdrawal of certificate, etc.) 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

<b>Name of the company:</b>			
Certified acc. to	<input type="checkbox"/>	ISO 45001:2018	<input type="checkbox"/>
			AUVA SGM 2010
Report created by:			
Role / function in the company:			
Contact information for response			
Informed on (date):			
<b>OH&amp;S MS relevant outcome:</b> (Please check the relevant box)			
<input type="checkbox"/>	<b>Serious incident, which must be reported</b> (work-related and covered by the OH&S MS incident, absence from work >24 calendar days, fatal accident at work, loss of body parts, etc. – no commuting accidents). If you are unsure whether or not the occurrence is a serious reportable incident, please contact your auditor or <a href="mailto:office@qualityaustria.com">office@qualityaustria.com</a>		
<input type="checkbox"/>	<b>Serious breach of regulation</b> (e.g. in Austria – sanctions according to the Worker Protection Act §130, > 10,000 € fine may be imposed) ... ... there is the possibility of an administrative penalty	<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Short description incl. outline of the impact on the existing OH&amp;S MS</b>			
Date of incident:			
<input type="checkbox"/>	Instead of the short description, a description of the incident can be found in the appendix		

Note: For reasons of data protection reasons, please make sure not to include full names in the description.

Impact on / affected by the <b>OH&amp;S MS (Self-assessment)</b>			
<input type="checkbox"/>	Based on an internal analysis, an overall or partial failure of the <b>OH&amp;S MS</b> was identified as the main cause of the incident related to OH&S.		
<input type="checkbox"/>	Based on an internal analysis, only little or no impact of the <b>OH&amp;S MS</b> can be identified as cause of the incident related to OH&S.		
<input type="checkbox"/>	Are changes made to the <b>OH&amp;S MS</b> , based on a methodical analysis of the incident related to OH&S? If so, what kind of changes are there? (in key words)	<input type="checkbox"/> yes	<input type="checkbox"/> no

**I hereby confirm the accuracy of the above information**

Place; Date

Name, Signature  
(Signature not required in email)

<b>Only to be completed by QUALITY AUSTRIA:</b>	
Risk assessment conducted by the <b>qualityaustria</b> product manager	
<input type="checkbox"/>	There is very little or no adverse effect on the <b>OH&amp;S MS</b>
<input type="checkbox"/>	There is a little adverse effect on the <b>OH&amp;S MS</b>
<input type="checkbox"/>	There is a medium adverse effect on the <b>OH&amp;S MS</b>
<input type="checkbox"/>	There is a strong adverse effect on the <b>OH&amp;S MS</b>
Actions to be taken, based on the risk assessment ( <b>qualityaustria</b> product manager, if necessary in cooperation with the lead auditor or expert)	
<input type="checkbox"/>	To be audited in the course of the following <b>OH&amp;S MS</b> audit
<input type="checkbox"/>	Conduct of an <b>OH&amp;S MS</b> special audit
<input type="checkbox"/>	Withdrawal of the <b>OH&amp;S MS</b> certificate
<input type="checkbox"/>	Other actions to be taken (e.g. postponing the decision until the labor inspectorate report is available, etc.)

**I hereby confirm that a risk analysis and risk assessment have been carried out:**

Place; Date

Name, Signature  
(Signature not required in email)