



Please complete in black ink. Answer all questions. Sections 3 and 4 must be completed for each individual manufacturing location under the scope of oSa. Given below is a checklist of essential requirements for oSa membership. If you cannot confirm all of these requirements and sign below to this effect, please contact oSa.

1. ESSENTIAL REQUIREMENTS

	Tick to confirm
The applicant confirms that it has never been subject to any legal proceedings for trade mark infringement or counterfeiting	
The applicant confirms that it has never been subject to bankruptcy or any legal proceedings for breach of regulations or conditions of business	
The applicant hereby confirms that it has acknowledged as binding without reservation the Constitution of the Organisation for the Safety of Abrasives, the Conditions of Use for the oSa-Trademark and the Ethical and Technical Annexes of oSa	
The applicant confirms compliance with local and national Environmental Health & Safety legislation and is prepared to upgrade to European requirements if admitted to membership of oSa	
The applicant confirms conformance to every requirement of the relevant EN Safety Standards and can support this with test records for each product batch which must be made available for inspection	
The applicant has sufficient DESTRUCTIVE design test results available for examination to confirm conformance to the relative EN Standard. Refer to section 3 of the Technical Annex of oSa for details. Please send an example.	
The applicant carries out regular calibration of test equipment and has records available for inspection	
The applicant confirms that "conformance to the relevant EN Safety Standards" is stated as the primary quality requirement in their Quality Manual. Please provide written evidence.	
The applicant possesses ALL of the test equipment necessary to fulfil all of the requirements of the Safety Standards EN12413, EN13236 and EN13743 where applicable (see section 4)	
The applicant confirms that all test records are kept for a minimum period of 10 years.	
The applicant confirms that all product marking meets the requirements of the relevant EN Standards	

The applicant confirms that the following documents have been enclosed with the application:

	Tick to confirm
Written proof of sufficient liability insurance.	
Written proof of a formally recognised Quality Management System (preferably ISO 900x) - copy of the relevant certificate(s)	
Indication of worldwide turnover in abrasives (in EURO or USD); for affiliated companies, consolidated turnover.	
In case that the application includes affiliated companies, confirm the following requirements: - Written proof of a holding of more than 50 % in any affiliated company (non-German companies need a written confirmation from the relevant branch of the German Chamber of Industry and Commerce). - A copy of contractual agreements (see attachment) proving that the parent company exerts control over the affiliated company in order to safeguard that the abrasives produced there meet the oSa requirements - An organisation chart of the company and its affiliates	
Your most up to date product literature/catalogues (3 copies)	
Any other documents requested in this application form (shown in bold characters)	
A declaration that the costs of factory inspection will be met by the undersigned company	

YOUR APPLICATION WILL BE REJECTED	If samples fail the obligatory preliminary tests at the BGIA	The applicant must wait one year from the date of the test report before re-applying for membership
	If the result of the factory inspection is NON CONFORMANCE or MAJOR DISCREPANCIES.	The applicant must wait three years from the date of the inspection before re-applying for membership

The undersigned Company meets the essential requirements stated above and hereby applies for admission into the Organisation for the Safety of Abrasives and the right to use the oSa trademark.

Signed on behalf of (Company name) Company stamp ...

Name Signature Position Date



2. GENERAL INFORMATION

Details of applicant			
Give Company's name as listed in the Register of Companies			
Give abbreviations of this name or state "none"			
Address			
Phone / Fax			
Contact email address			
Give any previous company names or state "none"			
Give abbreviations of previous company name or state "none"			
Give name of Parent Group or state "none"			
Give complete list of company-owned brands/trademarks			
Give former brands/trademarks no longer used or state "none" Highlight those that were officially registered			
Manufacturing facilities	Bonded abrasives	Superabrasives	Coated abrasives
Number of manufacturing locations			
Name of country for each location			
Brand names applicable			
Information for Factory Inspection	Main factory	Second factory*	Third factory*
Nearest airport to Company			
Nearest city/town to Company			
Travel options to Company from airport			
Location of suitable hotel			
Travel options to Company from hotel			

* Sections 3 and 4 must be completed for each manufacturing site



3. MANUFACTURING DETAILS

Section 3 must be completed for each individual manufacturing location. Photocopy this page if necessary.

Manufacturing facility			
Factory/site name			
Factory address			
Phone / Fax / email / website			
Brand names applicable			
Person(s) responsible for product quality & safety			
Name and position			
Telephone / Fax / Email			
Contacts for factory inspection	Principle contact	Second contact	Management contact
Name			
Position			
Employee details			Answer all questions
How many employees do you have at this site?			STAFF
			WORKS
What is the age of your youngest employee?			YEARS
Do you have a formal disciplinary procedure?			YES NO
Do you have formal training and assessment programmes?			YES NO
Site Safety			Tick yes or no
Do you have a person with overall responsibility for safety?			YES NO
Do you have a site safety policy?			YES NO
Do you keep accident statistics? If yes please attach a recent example.			YES NO
Do you have a works safety committee?			YES NO
Are routine facility safety inspections carried out?			YES NO
Environmental controls			Tick yes or no
Do you have equipment to control emissions and discharges of waste?			YES NO
Do you have up-to-date Material Safety Data Sheets for all hazardous materials?			YES NO
Do you have internal control equipment?			YES NO
Do you carry out health surveillance?			YES NO
Are hazardous materials identified, stored and handled safely?			YES NO
Do you have designated areas for personal protective equipment (PPE)?			YES NO
Is the use of PPE enforced where required?			YES NO
Quality management			Tick yes or no
Do you keep manufacturing reject statistics, giving levels and major causes? If yes please attach a recent example.			YES NO
Do you report on customer complaints analysed by reason for complaint and giving percentage justified? If yes please attach a recent example.			YES NO
Have you ever had any legal proceedings as a result of product failure at customer?			YES NO
Raw material control			Tick yes or no
Do you conduct raw material quality control?			YES NO
If not, does your supplier provide a certificate of conformance?			YES NO
Do you use lead or antimony compounds in any of your specifications?			YES NO
Which in-house tests do you perform on raw materials			
Product inspection			Tick yes or no
Are any tests carried out externally? If yes please attach a recent example.			YES NO
Who carries out these external tests?			



4. PRODUCT TYPES MANUFACTURED AT THIS LOCATION

Please fill in the respective attached table "Scope of oSa-products" for bonded abrasives, bonded abrasives of type 27, 41 and 42, coated abrasives and superabrasives.

The table "Scope of oSa-products" must be completed for each individual manufacturing location. Photocopy the page if necessary.

Please note: Only the products that you indicate will be included in the scope of your oSa membership. This will be checked against your product catalogue. Any discrepancies will need to be resolved before processing the application. Please fill in the details using a column for each product group you wish to be included in your scope of membership. Refer to the Technical Annex of oSa (section 3) which gives guidance for doing this.

TEST EQUIPMENT

Do you possess the following test equipment for your range of bonded abrasives?	Tick yes or no		
Test equipment for burst and overspeed test	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Side load and impact test equipment for portable wheels types 27, 28, 29, 41 and 42	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Balance checking equipment	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Do you possess the following test equipment for your range of superabrasives?	Tick yes or no		
Test equipment for burst and overspeed test	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Destructive and non-destructive bending test equipment for diamond saws	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Shear test equipment for portable dish wheels	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

Do you possess the following test equipment for your range of coated abrasives?	Tick yes or no		
Test equipment for burst and overspeed test	YES	<input type="checkbox"/>	NO <input type="checkbox"/>