



Membership Application Form

Please complete in **black** ink. Answer all questions. Sections 3, 4 and 5 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
1.1	The applicant confirms that it has never been subject to any legal proceedings for trade mark infringement or counterfeiting.	
1.2	The applicant confirms that it has never been subject to bankruptcy or any legal proceedings for breach of regulations or conditions of business.	
1.3	The applicant 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.	
1.4	The applicant confirms compliance with local and national environmental legislation.	
1.5	The applicant confirms conformance to every requirement of the relevant EN Safety Standards and can support this with test records which must be made available for inspection.	
1.6	The applicant has sufficient DESTRUCTIVE design test results available for examination to confirm conformance to the relevant EN Standard. Refer to the Technical Annex of oSa for details. Please send examples for each product category.	
1.7	The applicant carries out regular calibration of test equipment and has records available for inspection.	
1.8	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.	
1.9	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 5).	
1.10	The applicant confirms that all relevant records will be kept for a minimum period of 3 years.	
1.11	The applicant confirms that the costs of the first as well as three repeat mandatory factory inspections within the first three years after admission will be met by the undersigned company.	

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

		Tick to confirm
1.12	Written proof of sufficient liability insurance	
1.13	Written proof of a formally recognised Quality Management System (preferably ISO 900x) - copy of the relevant certificate(s)	
1.14	Indication of last year's worldwide turnover in abrasives (in EURO or USD); for affiliated companies, consolidated turnover	
1.15	In case that the application includes affiliated companies: - Written proof by the German Chamber of Industry and Commerce of a holding of more than 50 % in any affiliated company (refer to § 6 (1) "Membership" of the Constitution of oSa) - An organisation chart of the company and its affiliates	
1.16	Your most up to date product literature/catalogues (3 copies)	
1.17	Any other documents requested in this application form (shown in bold characters)	

YOUR APPLICATION WILL BE REJECTED	If samples fail the obligatory preliminary tests at the IFA	Application is suspended for one year from the date of the test report before the applicant can send new samples together with an updated membership application form.
	If the result of the first factory inspection is MAJOR DISCREPANCIES	Application is terminated. 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



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2. GENERAL INFORMATION

Details of applicant				
2.1	Give Company's name as listed in the Register of Companies			
2.2	Give abbreviations of this name or state "none"			
2.3	Give any previous company names or state "none"			
2.4	Address			
2.5	Phone / Fax			
2.6	Name and email address of person with overall responsibility for the factory inspection			
2.7	Give name of Parent Group or state "none"			
2.8	Give complete list of company-owned brands/trademarks			
Manufacturing facilities		Bonded abrasives	Superabrasives	Coated abrasives
2.9	Total number of manufacturing locations			
2.10	Name of country for each location			
2.11	Brand names applicable			
Information for Factory Inspection		Main factory	Additional manufacturing locations *	
2.12	Nearest airport to Company			
2.13	Nearest city/town to Company			
2.14	Travel options to Company from airport			
2.15	Location of suitable hotel			
2.16	Travel options to Company from hotel			

* Sections 3, 4 and 5 must be completed for each manufacturing location under the scope of oSa



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3. MANUFACTURING DETAILS

Section 3 must be completed **for each individual manufacturing location under the scope of oSa**. 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
Name			
Position			
Employee details		Answer all questions	
3.1 How many employees do you have at this site?		STAFF	
		WORKS	
3.2 What is the age of your youngest employee?		YEARS	
3.3 Do you have a formal disciplinary procedure?		YES	NO
3.4 Do you have formal training and assessment programmes?		YES	NO
Site safety		Tick yes or no	
3.5 Do you have a person with overall responsibility for safety?		YES	NO
3.6 Do you have a site safety policy?		YES	NO
3.7 Do you keep accident statistics? If yes please attach last year`s data.		YES	NO
3.8 Do you have a works safety committee?		YES	NO
3.9 Are routine facility safety inspections carried out?		YES	NO
Environmental controls		Tick yes or no	
3.10 Do you have equipment to control emissions and discharges of waste?		YES	NO
3.11 Do you have up-to-date Material Safety Data Sheets for all hazardous materials?		YES	NO
3.12 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
3.13 Do you have designated areas for personal protective equipment (PPE)?		YES	NO
3.14 Is the use of PPE enforced where required?		YES	NO
Quality management		Tick yes or no	
3.15 Do you keep manufacturing reject statistics, giving levels and major causes? If yes please attach last year`s data.		YES	NO
3.16 Do you report on customer complaints analysed by reason for complaint and giving percentage justified? If yes please attach last year`s data.		YES	NO
3.17 Have you ever had any legal proceedings as a result of product failure at customer?		YES	NO
Raw material control		Tick yes or no	
3.18 Do you conduct raw material quality control?		YES	NO
3.19 If not, does your supplier provide a certificate of conformance?		YES	NO
3.20 Which in-house tests do you perform on raw materials?			
Product inspection		Tick yes or no	
3.21 Are any tests carried out externally? If yes please attach a recent example.		YES	NO
3.22 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, coated abrasives and superabrasives.

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

5. TEST EQUIPMENT

Do you possess the following test equipment for your range of bonded abrasives?	Tick yes or no		
5.1 Test equipment for burst and overspeed test	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.2 Side load and impact test equipment for portable wheels types 27, 41 and 42	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.3 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		
5.4 Test equipment for burst and overspeed test (see Table 1 of oSa Technical Annex)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.5. Device to determine the neutral point position	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.6 Bending test equipment for diamond cutting-off wheels	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.7 Shear test equipment for portable dish wheels	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.8 Tensile test equipment for diamond wires	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		
5.9 Test equipment for burst and overspeed test	YES	<input type="checkbox"/>	NO <input type="checkbox"/>