

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 | |
|----|------------------|--------------|--|
| Ι. | COOCIVITAL | KEWUIKEMENIO | |

| | 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 5 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 relevan | Written proof of a formally recognised Quality Management System (preferably ISO $900x$) - copy of the t certificate(s) | |
| 1.14 consolid | Indication of last year's worldwide turnover in abrasives (in EURO or USD); for affiliated companies, dated 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) | |
| VOLID | If complex fail the obligatory proliminary Application is augmented for one year from the | on data of the |

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

| Deta | ils 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 | | | | |
| Manı | ufacturing facilities | Bonded abrasives | Supera | brasives | Coated abrasives |
| 2.9 | Total number of manufacturing locations | | | | |
| 2.10 | Name of country for each location | | | | |
| 2.11 | Brand names applicable | | | | |
| Infor | mation for Factory Inspection | Main factory | P | Additional man | ufacturing 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



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 | | | | |
| radiory 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 | Mana | gement contact |
| Name | | | | |
| Position | | | | |
| Employee details | | | Answe | er all questions |
| 3.1 How many employees do you l | nave at this site? | | STAFF | |
| | | | WORKS | |
| 3.2 What is the age of your younge | est employee? | | YEARS | |
| 3.3 Do you have a formal disciplina | ary procedure? | | YES | NO |
| 3.4 Do you have formal training an | d assessment programmes? | | YES | NO |
| Site safety | | | Tic | k yes or no |
| 3.5 Do you have a person with over | rall responsibility for safety? | | YES | NO |
| 3.6 Do you have a site safety polic | y? | | YES | NO |
| 3.7 Do you keep accident statistics? If yes please attach last year's data. | | | | NO |
| 3.8 Do you have a works safety committee? | | | YES | NO |
| 3.9 Are routine facility safety inspections carried out? | | | | NO |
| Env | ironmental controls | | Tic | k yes or no |
| 3.10 Do you have equipment to con | trol emissions and discharges | of waste? | YES | NO |
| 3.11 Do you have up-to-date Materi | al Safety Data Sheets for all h | azardous materials? | YES | NO |
| 3.12 Do you have internal control ed | quipment? | | YES | NO |
| Do you carry out health surveil | ance? | | YES | NO |
| Are hazardous materials identi | fied, stored and handled safel | y? | YES | NO |
| 3.13 Do you have designated areas | for personal protective equip | ment (PPE)? | YES | NO |
| 3.14 Is the use of PPE enforced who | ere required? | | YES | NO |
| Quality management | | | Tic | k yes or no |
| 3.15 Do you keep manufacturing rej | ect statistics, giving levels and | d major causes? | YES | NO |
| If yes please attach last year | s data. | | | |
| 3.16 Do you report on customer con percentage justified? If yes pl | | | YES | NO |
| 3.17 Have you ever had any legal p | | | YES | NO |
| THE RESIDENCE OF THE PROPERTY | w material control | | | k yes or no |
| 3.18 Do you conduct raw material q | | | YES | NO |
| 3.19 If not, does your supplier provide | | ∋? | YES | NO |
| 3.20 Which in-house tests | | | - | - |
| do you perform on raw | | | | |
| materials? | | | | |
| Product inspection | | | Tic | k yes or no |
| 3.21 Are any tests carried out extern | nally? 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 | | NO | |
| 5.2 | Side load and impact test equipment for portable wheels types 27, 41 and 42 | YES | | NO | |
| 5.3 | Balance checking equipment | YES | | NO | |

| Do you possess the following test equipment for your range of superabrasives? Tick yes or | | s or n | 0 | | |
|--|--|--------|---|----|--|
| 5.4 | Test equipment for burst and overspeed test (see Table 1 of oSa Technical Annex) | YES | | NO | |
| 5.5. | Device to determine the neutral point position | YES | | NO | |
| 5.6 | Bending test equipment for diamond cutting-off wheels | YES | | NO | |
| 5.7 | Shear test equipment for portable dish wheels | YES | | NO | |
| 5.8 | Tensile test equipment for diamond wires | YES | | NO | |

| - | you possess the following test equipment for your range of coated asives? | | Tick y | es or no | |
|-----|---|-----|--------|----------|--|
| 5.9 | Test equipment for burst and overspeed test | YES | | NO | |