



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

Table with 2 columns: Requirement text and Tick to confirm. Contains 10 rows of requirements such as 'The applicant confirms that it has never been subject to any legal proceedings for trade mark infringement or counterfeiting'.

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

Table with 2 columns: Document description and Tick to confirm. Contains 7 rows of document requirements such as 'Written proof of sufficient liability insurance' and 'Written proof of a formally recognised Quality Management System'.

Table with 3 columns: Application status, Test result, and Re-application waiting period. Rows describe waiting periods for rejected applications based on preliminary tests and factory inspection results.

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

Section 4 must be completed for each individual manufacturing location. Photocopy this page if necessary.

Please note: Only the products that you indicate below 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.

Product group (ISO types)						
Machine type						
MOS (m/s)	Highest					
Bond type						
Core type (if applicable)						
Wheel grade	Softest					
	Hardest					
Abrasive types available						
Abrasive size	Coarsest					
	Finest					
Diameter (mm)	Minimum					
	Maximum					
Thickness (mm)	Minimum					
	Maximum					
Bore size range (mm)						
ADDITIONAL INFORMATION FOR CUP WHEELS						
Back thickness	Minimum					
Rim width (mm)	Minimum					
ADDITIONAL INFORMATION FOR DIAMOND SAWS						
Segment height	Maximum					
Core thickness	Minimum					
	Maximum					
ADDITIONAL INFORMATION FOR FLAP PRODUCTS						
No of flaps	Minimum					
	Maximum					
Type of backing						

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		NO
Side load and impact test equipment for portable wheels types 27, 28, 29, 41 and 42	YES		NO
Balance checking equipment	YES		NO

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

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		NO