**Details of Multiple Locations Covered under certification agreement: -**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Site****No.** | **Name & Address of site & Type (Fixed & Temporary)** | **Scope/Activities performed** | **Functions** | **Distance from HO** | **No. of Shifts** (Give Shift wise employees details in case of multiple shifts) | **Total Number of Employees**  | **Effective Number of Employees** (To be filled by ISPL) |
|  | QMS | EMS | OHS | Other-Specify |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |

**Note: For more sites please photocopy this page.**

 Total number of employees for all sites (Including main site/ corporate office):

 Total effective number of employees for all sites (Including main site/ corporate office):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For ACPL For Client

 Signature (title) Signature (title)

 Company seal Company Seal