SIRAS Scheme Application

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# Company Information

|  |  |
| --- | --- |
| Application Date: |  |
| Company Name: |  |
| Address: |  |
| Postcode: |  |
| Contact: |  |
| Position: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Website: |  |
| Invoice address:  (if different from above) |  |
| Company Reg No.: |  |
| Company VAT No.: |  |
|  |  |
| **Company Structure**  Do you have a parent company? |  |

***Please Note:***

***When submitting the application, please ensure that you supply a blank letterhead containing the company registration and VAT number. This is required for verification of your application.***

# Locations

Please provide details of the location of the structure to be subject to evaluation, a description of the structure, whether new or to be refurbished and a description of the proposed corrosion control system to be installed and details of participating consultants/contractors.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Location and name of Asset |  | | Brief description of Asset |  | | Status of asset ( new/to be refurbished) |  | | Corrosion mitigation strategy |  | | Survey contractor as applicable |  | | Corrosion control Engineering Contractor |  | |
|  |

# 

# Applicant Company details

## Please advise the value of insurance cover for the following:

|  |  |  |
| --- | --- | --- |
| Professional Indemnity | Third Party Liability Cover | Contractors all risk |
| £ | £ | £ |

## Please answer Yes or No to the following:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Do you have a quality Managements System confirming to ISO9001? | Yes | No |
| Has your system been assessed by an independent accredited organisation? | Yes | No |
| Do you have a documented Health & Safety Policy? | Yes | No |
| Do you have a documented Environmental Management Policy? | Yes | No |
| Do you have an Environmental Management System confirming to ISO14001? | Yes | No |
| Have you ever been prosecuted or been served notices of prosecution under the Health & Safety or Environmental legislation since 1995? | Yes | No |
| *If yes, please provide details here*  *.* |  |  |

**Once completed, please email this application form to** [**utilities@lrqa.com**](mailto:utilities@lr.org)

|  |
| --- |
| Office use only: |
| Assessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |