



<b>Environmental Impacts that could arise from your activities/products?</b>		1	2	3	
					If the company doesn't know of any impact( said No,N/A or the score is empty = 1)
					If the only know impacts but no control=2
					If the company has indicate that they are aware of the impacts. And have indicated what the control measures are=3
<b>6(b)What control measures are in place to mitigate the impacts?</b>	Describe .....	1	2	3	
					If no controls are available to be implemented in the case of an emergency=1
					If there is 1 control available =2
					If more then 2 controls are available =3
<b>7. Environmental Emergency</b>					
<b>What are the potential Environmental Emergencies that could arise from your activities (from manufacturing, transportation and use of the product etc)?</b>	Describe .....				
<b>What measures are in place to deal with the emergencies?</b>	Describe .....				

No rating as this is for information only

<b>8. Environmental Management</b>					
<b>Do you have an Environmental Management System in place?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" Describe ....., If "No" Describe .....	1	2	3	
					<b>Rating</b>
					If there are not elements of the ISO standard=1
					If the company can produce an Env Policy =2
					If there is an EMS=3 Aspect register with significant aspects
<b>9. Environmental Training</b>					
<b>What type of Environmental Training has been conducted?</b>	General Environmental Awareness <input type="checkbox"/> Oil Spillages <input type="checkbox"/> Environmental Law <input type="checkbox"/> Other <input type="checkbox"/> If "Other" Describe ....., To Whom? .....	1	2	3	
					<b>Rating</b>
					Zero or N/A on the training interventions = 1
					1 env training intervention= 2
					if 2 env training interventions =3
<b>10. Pollution Prevention</b>					
<b>Have your Company initiated a program for the following:</b>	Recycling      Yes <input type="checkbox"/> No <input type="checkbox"/> Pollution Prevention      Yes <input type="checkbox"/> No <input type="checkbox"/> Reduction in resource consumption      Yes <input type="checkbox"/> No <input type="checkbox"/> Use of environmentally friendly products      Yes <input type="checkbox"/> No <input type="checkbox"/> Describe .....	1	2	3	
					<b>Rating</b>
					If no programmes have been initiated or N/A is placed=1
					If any 2 programmes =2
					Any three programmes=3

Total

**Name of Company:** \_\_\_\_\_

**Compiled by:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Accepted by the Employer/Purchaser:**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:**

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**Date:**

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