

**BCMA CORPORATE INSPECTION FORM LEVEL 2**

**Company Details**

**Name of Company** .....

**Address of Company** .....

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.....

.....

**Name of Managing Director** .....

**Applicant's Name** .....

**Telephone No of Applicant** ..... **e-mail address** .....

**Is this the same address that the product is manufactured?** .....

**If not what is the address** .....

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.....

**PRODUCT OR SERVICE DETAILS**

**Name of Service or Product (s) produced .....**

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.....

**Has this product been passed as being safe .....**

**If so by whom? Please give details .....**

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.....  
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**Product or Service Description .....**

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**Application(s) of service or product (s).....**

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**Claims of service or product (s) .....**

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**Is any training offered in the use of the product? .....**

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**Comments/Notes**

## ORGANISATION

**Do you have a quality control system in place? .....**

**Describe the quality control system if existing. ....**

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**How are complaints dealt with? .....**

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**Are records of complaints logged and kept? .....**

**How are the complaints dealt with? .....**

**Is there a record of Actions taken in response to complaints.**

**Are audited accounts kept? .....**

**What qualified training is needed for the service or in the production of the product.....**

**What training is given by the organisation? .....**

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**Where does the training take place e.g. in-house, Technical College, etc? .....**

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**Comments/Notes**

## **SAFETY PROCEDURES**

**Is there a copy of the Factories Act on display? .....**

**Is there a first aid box available? ..... Date of last contents check .....**

**Are there any eye irrigators ..... If so what is the date of the last check .....**

**Is there one or more trained first aiders on site? .....**

**Is there an accident book? .....**

**Are Emergency Exits clearly signed..... Are these Exits clear and usable .....**

**Are there any fire extinguishers? ..... Are they regularly checked and signed?**

**Is there a Fire Certificate? ..... How often are emergency evacuation  
practices held ..... Date of last practice .....**

**Have the electrical appliances been PAT checked, signed and dated .....**