**This Application Form is intended as a self-description of your company. The questionnaire helps us to estimate the scope of and resulting effort involved in the performance of a certification.**

**General Questions:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **General Details** | | | | | | |
| Organisation Name | |  | | | | |
| Corporate/ Legal Entity | | Company | | | | |
| Address (H.O.) | |  | | | | |
| Phone | |  | | | Fax |  |
| Company Website | |  | | |  |  |
|  | | | | | | |
| **Contact Person Details** | | | | | | |
| Name | |  | | | | |
| Designation | |  | | | | |
| Phone No./Mobile | |  | | | | |
| E-mail | |  | | | | |
|  | | | | | | |
| Seeking Accreditation For  \*(For ISO 9001, ISO 14001, ISO 22000 & OHSMS 45001 OR ANY Other only) | | | | | | |
|  | **SISTEMA Acc.** | |  | **Non Accredited** |  | **Others -------** |
|  | | | | | | |
| **Scope of Certification** | | | | | | |
|  | | | | | | |
| List out the complete process carrying out: | | | | | | |

**Additional Information:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Application** | New |  | Renew |  | Transfer | |  |
| Any Changes in Certificate(s) (i.e. *Extensions to scope, Address change or addition, others*) | | | | |  | |
| **Applicable Certification Programme** | ISO 9001:2015 |  | ISO 14001:2015 |  | OHSAS 18001:2007 | |  |
| ISO 45001:2018 |  | ISO 27001:2013 |  | ISO 20000-1:2018 | |  |
| ISO 22000:2018 |  | ISO 37001:2018 |  | ISO 22301:2019 | |  |
| Other(s) – Please Specific \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **In the case of several certification programmes, would you like the audits to be combined or carried out separately?** | **Integrated** |  | **Separate** | | | |  |
| **If combined, specify the combination required** |  | | | | | | |
| **Level of Integration**  **As per IAF MD: 11** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Aspects** | **1** | **2** | **3** | **4** | **5** | | If documents for all systems Integrated ? |  |  |  |  |  | | If MRM is common for all System? |  |  |  |  |  | | If Internal Audit is covering all systems under IMS? |  |  |  |  |  | | If policy and objectives are Integrated? |  |  |  |  |  | | If process are integrated? |  |  |  |  |  | | If corrective/preventive/continual improvement and measurement systems are integrated? |  |  |  |  |  | | If management support and responsibilities are integrated? |  |  |  |  |  | | | | | | | |
| **Identifying if any special safety, Hygiene or securiy equipnont required to SISTEMA team**  **(When Visit at your Place?** |  | | | | | | |
| **Identifying confidential or sensitive information which needs special instruction**  **(When Visit at your Place) ?** |  | | | | | | |
| **Have You A Specific Programme/Time schedule for Achieving Certification?** |  | | | | | | |
| Have you called on the services of a consultant? |  | **No** | |  | **Yes** | | |
| If yes, please specify Name & Contact No. |  | | | | | | |
| **Name of Business Associate** |  | | | | | | |
| Except Marketing, Does the Business Associate have any other involvement? |  | **No** | |  | **Yes** | | |
| If Yes, how Business Associate involved other than marketing? |  | | | | | | |
| Are you already certified ?  If yes, please provide certificate number and certification body name |  | | | | | | |

**Organisation Details:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Manpower Details** | | | | | | | |
| **No. of employees (at all locations) engaged in** | | **Full Time** | | **Part Time** | | **Number of Employees engaged in identical or similar activities** | |
| Management & Administrative Activities | |  | |  | |  | |
| Design & Development Activities | |  | |  | |  | |
| Sales/Marketing | |  | |  | |  | |
| Purchase | |  | |  | |  | |
| Production & QC/QA | |  | |  | |  | |
| Stores, Warehouse & Transport Activities | |  | |  | |  | |
| Other Activities( please specify) | |  | |  | |  | |
| People working away from premises | |  | |  | |  | |
| **No. of Employees in** | | | | | | | |
| General Shift | Shift-1 | | Shift-2 | | | | Total No. of Employees |
|  |  | |  | | | |  |
|  | | | | | | | |
| **Details of the Sites to be covered under Certification** | | | | | | | |
| Number of Location |  | | | | Is there any temporary site ? | | |
| **Please list all Sites:** | | | **Main Activities at each Site:** | | | | |
|  | | |  | | | | |
| Brief about Rework Process, if any | | |  | | | | |
| **Applicable Regulatory & Statutory Requirements to the products/Services/Processes:** | | | | | | | |
|  | | | | | | | |

**Standard(s) Specific Information:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality Management System** | **ISO 9001:2015** | | | |  | | |
| Is there any process outsourced that affects product conformity? | No |  | Yes - Describe | |  | | |
| If yes, give the name of the outsourced process |  | | | | | | |
| Exclusions, if any? | No |  | Yes - Describe | |  | | |
| Is the documented system (Procedures, W.I., Forms/Formats etc.) has been implemented for a period of at least three months followed by at least one internal audit and a management review? | No |  | Yes - Describe | |  | | |
| If yes, give the dates of Internal Audit and Management Review. |  | | | | | | |
|  | | | | | | | |
| **Environmental Management Systems** | **ISO 14001:2015** | | | |  | | |
| Type of Industry |  | | | | | | |
| What is the total surface area? |  | | | | | | |
| Is a Register of Significant Environment aspect available? | **No** | | |  | | **Yes** |  |
| Are Environmental Management Manual/ Procedure etc. available? | **No** | | |  | | **Yes** |  |
| An Internal Environmental Audit Programme? | **No** | | |  | | **Yes** |  |
| Has the Internal Environmental Audit Programme been implemented? | **No** | | |  | | **Yes** |  |
| What are the Environmental Laws/Acts applicable to your organization? Please list them. |  | | | | | | |
|  | | | | | | | |
| **Occupational Health & Safety Management System** | **OHSAS 18001:2007** | | |  | | **ISO 45001:2018** |  |
| Detail processes and detail any licences,  authorisations and consents held | **No** | | |  | | **Yes** |  |
| Do you have any OH & S risks which require regulatory requirements? | **No** | | |  | | **Yes** |  |
| Are Site Plans (including drainage system) available for the site? | **No** | | |  | | **Yes** |  |
| Details of Waste Management activities for the site |  | | | | | | |
| Details of outsourced processes significant to the OH & S Management |  | | | | | | |
| Detail significant utilities used in the site/facility  (Gas, Electric, Water, Oil….) |  | | | | | | |
| List of chemicals/materials in the site/facility |  | | | | | | |
| Sensitivity of audit site  (Interest groups, high regulations, populations…) |  | | | | | | |
|  | | | | | | | |
| **ISMS/ITSMS** | **ISO 27001:2013** | | |  | | **ISO 20000:2018** |  |
| **Additional Information Required (Tick one in each box)**  Critical business sectors are sector that may affect critical public services that will cause risk to health, security, economy, image and governmental ability to function that may have a very large negative impact to country | | | | | | | |
| **Types of Business and regulatory Requirement** | | | | | | | |
| Organisation work in non critical business sector and non regulated sector | **No** | | |  | | **Yes** |  |
| Organisation has customer in critical business sector | **No** | | |  | | **Yes** |  |
| Organisation works in critical business sector | **No** | | |  | | **Yes** |  |
| Process and Task | | | | | | | |
| Standard Process with standard and repetitive task i.e lots of persons doing work under the organization’s control carrying out the same tasks, few product or services | **No** | | |  | | **Yes** |  |
| Standard but not repetitive process with high number of products or services | **No** | | |  | | **Yes** |  |
| Complex Process, High number of products and services, many business units included in scope of certification | **No** | | |  | | **Yes** |  |
| **Level of establishment of the Management System** | | | | | | | |
| ISMS is already well established and/or other management system are in place | **No** | | |  | | **Yes** |  |
| Some elements of other Management system are implemented, others not | **No** | | |  | | **Yes** |  |
| No other Management system implemented at all, ISMS is new and not established | **No** | | |  | | **Yes** |  |
| **IT Environment / IT Infrastructure Complexity** | | | | | | | |
| Few or highly standardized IT platforms, servers, operating system, database, networks etc | **No** | | |  | | **Yes** |  |
| Several different IT platforms, servers, operating system, database, networks etc | **No** | | |  | | **Yes** |  |
| Many different IT platforms, servers, operating system, database, networks etc | **No** | | |  | | **Yes** |  |
| **Dependency on outsourcing and suppliers including cloud services** | | | | | | | |
| Little or no dependency on outsourcing | **No** | | |  | | **Yes** |  |
| Some dependency on outsourcing or suppliers, related to some but not all important business activities | **No** | | |  | | **Yes** |  |
| High dependencies on outsourcing or supplier, large impact on important business activities. | **No** | | |  | | **Yes** |  |
| **Information System Development** | | | | | | | |
| Non or very limited in house system/application development | **No** | | |  | | **Yes** |  |
| Some in house or outsourced system/application development for some important business purpose | **No** | | |  | | **Yes** |  |
| Extension in house or outsourced system/application development for important business purpose | **No** | | |  | | **Yes** |  |

**Additional Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Application** | New |  | Renew |  | Transfer | |  |
| Any Changes in Certificate(s) (i.e. *Extensions to scope, Address change or addition, others*) | | | | |  | |

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| **FSMS**  **ISO 22000:2018** | HACCP Implementation or Study Conducted :  Yes  No  No of HACCP Studies :  Food Product category/Sub category:  Seasonality factor:  No of Sites:  No of Process Lines :  Processing is Seasonal  Continuous | |

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| Anti-Bribery Management Systems | ISO 37001:2016 | |  | | |
| Are Anti - Bribery Management Manual/ Procedure etc. available? | No |  | | Yes |  |
| Is Internal Anti - Bribery Audit Programme available and conducted? | No |  | | Yes |  |
| Has the Internal anti - bribery Audit Programme been implemented? | No |  | | Yes |  |
| What are the anti - bribery Laws/Acts applicable to your organization? Please list them. | No |  | | Yes |  |
| Is undertaking from personnel and business associates in place? | No |  | | Yes |  |

**Declaration:** We accept the terms and conditions of certification process and agree to abide by the Certification requirements as provided by SISTEMA CERTS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s Name** | **Designation** | **Client’s Signature** | **Date** |
|  |  |  |  |

|  |  |  |  |  |
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| **(FOR QUALITY SISTEMA CERTIFICATIONS & INSPECTIONS PVT. LTD. USE ONLY)** | | | | |
| **Can the application be further processed?** |  | **No** |  | **Yes** |
| (If Yes) Reason for Non-processing: | | | | |
| **Reviewed By:** | **Date:** | | | |
| **Signature:** | | | | |