**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:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:**

|  |  |  |
| --- | --- | --- |
| **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*) | [ ]  |

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

|  |
| --- |
|  |
| 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** |
|  |  |  |  |

|  |
| --- |
| **(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:** |