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

**General Business Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Legal Name |  | | | | | |
| Trading Name (if applicable) |  | | | | | |
| Address (H.O.) |  | | | | | |
| Company Registration No. |  | | | | | |
| Phone |  | | Fax | |  | |
| Company Website |  | | | | | |
| **Contact Person Details** | | | | | | |
| Name |  | | | | | |
| Designation |  | | | | | |
| Phone No./Mobile |  | | | | | |
| E-mail |  | | | | | |
|  | | | | | | |
| Relationships with other Corporations (Parent Company etc) |  | | | | | |
| \*Any Ongoing Issue pending decision by Local / Regulatory / Statutory Authority which has an impact to the nature of business. |  | **No** | |  | | **Yes** |
| If yes, Please Specify |  | | | | | |
| **What would you like to appear on your certificate? (This is the scope of the certificate)** | | | | | | |
|  | | | | | | |
| **Key Processes and Activities your company performs** | | | | | | |
|  | | | | | | |

**Staffs and Sites Specific Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Number of Employees** | | **Full Time** | **Part Time** | **Number of Employees engaged in identical or similar activities** | |
|  | |  |  |  | |
| Do you use contractors or sub-contractors? If so please detail: | |  | | | |
| **Site/Facility** | | | | | |
| If more than one office location, please detail number of employees at each location and the activity being performed at each location *(This is only required if you want these sites certified):* | | | | | |
| S. No | Office Address | | Number of Employees | | Activity being Performed |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
|  |  | |  | |  |
| Do you run shifts? If so, please give employee breakdown and types of work carried out for each shift: | | | | | |
| If you operate on temporary sites (non-permanent/Construction Sites), please detail typical number of sites, number of employees and activities being performed: | | | | | |
| **Site / Facility/ Office (please continue on separate sheets for additional sites)** | | | | | |
| Approx size of office facility (sq. ft or sq. metres): | | | | | |
| Please provide a basic description of the office facility(ies) (include details of any contaminated land, nearby residential or recreational areas, bodies of water, sensitive areas, yard areas, car parking, storage etc): | | | | | |

**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** | |  | **ISO 14001** | | | |  | | **OHSAS 18001** | |  |
| **ISO 45001** | |  | **ISO 13485** | | | |  | | **ISO 22000** | |  |
| **ISO 27001** | |  | **Any Other Standard** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| **In the case of several certification programmes, would you like the audits to be combined or carried out separately?** | **Combined** | | | |  | **Separate** | | | | | |  |
| If combined, specify the combination required |  | | | | | | | | | | | |
| **Integrated Management Systems**  If you are applying for certification to more than one standard, please detail the level of integration of the following areas (strike through OR remove any areas that are not integrated) |  | | | | | | | | | | | |
| **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. |  | | | | | | | | | | | |
| 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. |  | | | | | | | | | | | |
| **\*Transferring Certification from another Certification Body** | | | | | | | | | | | | |
| Who are you currently certified by? |  | | | | | | | | | | | |
| Why do you wish to transfer? |  | | | | | | | | | | | |
| How many visits per year does your existing Certification Body perform? How many days per visit? |  | | | | | | | | | | | |
| What was the last date you were audited by your Certification Body? |  | | | | | | | | | | | |
| Were there any major non-conformances during your last audit? |  | | | | | | | | | | | |
| Do you have any outstanding non-conformances from previous audits? |  | | | | | | | | | | | |
| **\*Please Include:** • Copy of all previous audit reports (up to 3 years)  • Copy of your current certificate(s) | | | | | | | | | | | | |

**NOTE: Fill the Details for the Desired Standard from the Following List. (Click ⏵ to Open the Format)**

**Standard(s) Specific Information:**

# Quality Management System ISO 9001:2015

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? |  | | | |
| What key legislation is applicable on your site(s)? |  | | | |
| Does your company’s quality Management fully address ISO 9001:2015? | **No** |  | **Yes – Describe** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Exclusions, if any? | **No** |  | **Yes – Describe** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Environmental Management System ISO 14001:2015

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Environmental Management Systems** | | | **ISO 14001:2015** | | | |  | |
| Is a Register of Significant Environment aspect/impacts available? | | | **No** | |  | | **Yes** |  |
| Are there any Environmental issues facing the company (Management view)? | | | **No** | |  | | **Yes** |  |
| Are Site Plans (including drainage system) available for the site? | | | **No** | |  | | **Yes** |  |
| What are the Environmental Laws/Acts applicable to your organization? Please list them. | | |  | | | | | |
| **ENVIRONMENTAL ASPECTS/IMPACTS**  **Please tick appropriate box to indicate relevant aspects and impacts of your scope of activity** | | | | | | | | |
| **Air Emission** |  | **Waste Control** | |  | | **Raw Material** | |  |
| **Air Quality** |  | **Waste Minimisation** | |  | | **Nuisance** | |  |
| **Aqueous Discharge** |  | **Waste Disposal** | |  | | **Public Health** | |  |
| **Water Supply** |  | **Land Contamination** | |  | | **Emergency Service** | |  |
| **Fresh Water Quality** |  | **Soil Quality** | |  | | **Nature Conservation** | |  |
| **Fresh Water Ecosystem** |  | **Vibration** | |  | | **Ethical** | |  |
| **Marine Quality** |  | **Electro Magnetics** | |  | | **Odours** | |  |
| **Marine Ecosystem** |  | **Landscape Visual** | |  | | **Energy Use** | |  |
| **Ground Water** |  | **Land Use** | |  | | **Electricity** | |  |
| **Terra/Avian Ecosystems** |  | **Heritage** | |  | | **Gas** | |  |
| **Life Cycle** |  | **Transport** | |  | | **Oil** | |  |
| **Noise** |  | **Community and Social** | |  | | **Other** | |  |
| **Resource Usage** |  | **Economics** | |  | |  | |  |

# Occupational Health and Safety Management System ISO 45001:2018

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Occupational Health & Safety Management System** | | | **ISO 45001:2018** | | | | | |  |
| Detail of applicable OHS related legal requirements | | |  | | | | | | |
| Detail the main processes and any license, authorization and consents held | | |  | | | | | | |
| Details of outsourced processes significant to the OH&S Management System? | | |  | | | | | | |
| Details of Significant Utilities use in the site(s)/Facility? | | |  | | | | | | |
| 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 | | |  | | | | | | |
| **Please tick all relevant boxes to indicate the hazards and risks involved in your scope of activity** | | | | | | | | | |
| **Air Emission** |  | **Risks from Sharps** | | | |  | **Health Conservation** | | |  |
| **Air Quality** |  | **Risk from neighbours** | | | |  | **Vessels under pressure** | | |  |
| **Noise Emission** |  | **Ergonomics** | | | |  | **Operational Controls** | | |  |
| **Vibration** |  | **Asbestos** | | | |  | **Electricity Hazards** | | |  |
| **Fresh Water Quality** |  | **PPE Use** | | | |  | **Gas Handling** | | |  |
| **Lightning** |  | **Psychological** | | | |  | **Coal Handling** | | |  |
| **Manual Handling** |  | **Electro Magnetic** | | | |  | **Oil Handling** | | |  |
| **Lifting Equipment** |  | **Community and Social** | | | |  | **Raw Materials** | | |  |
| **Height Working** |  | **Economics** | | | |  | **Work with video displays** | | |  |
| **Chemical Handling** |  | **Nuisance** | | | |  | **Emergency Services** | | |  |
| **Waste Disposal** |  | **Public Health** | | | |  | **Biological Risk** | | |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(FOR RELIABLE CERTIFICATION USE ONLY)** | | | | |
| **Can the application be further processed?** |  | **Yes** |  | **No - Describe** |
| (If No) Reason for Non-processing:\_\_\_\_\_\_\_\_\_ | | | | |
| **Reviewed By:** \_\_\_\_\_\_\_\_\_ | **Date:** -------- | | | |
| **Signature:** | | | | |