**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** | **[x]**  | **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**  |[x]
| **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:** |