|  |  |
| --- | --- |
| F:\JAS-ANZ and QUEST Logo\QUEST LOGO.JPG | **APPLICATION FOR CERTIFICATION**  Quest Certification (P) Ltd**.**  Plot No:29, First main road, Sabari Nagar Extn, 3rd cross,  Mugalivakkam, Chennai -125, Tamil nadu, India.  Tel.:+044-22523025  E-mail: [services@questcertification.com](mailto:services@questcertification.com) Website: [www.questcertification.com](http://www.questcertification.com) |
|  | |
| 1. Please fill correctly to enable us understand your requirements and issue a formal offer. 2. No information shall be disclosed to any third party without the written consent of the customer in conformity with QCPL Policy & procedures. | |
|  | |

|  |
| --- |
| ak1 Initial Certification ak2 Re-certification ak3 Transfer at Surveillance ak4 Transfer at Recertification |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name | {org\_name} | | | | | | |
| Organisation Type | bk1 Company bk2 Partnership bk3 Proprietorship bk4 Other {org\_type\_other} | | | | | | |
| Name/ Designation of Top Management | {name\_desig} | | | Mobile no. | | | {mob\_no} |
| Head Office | {head\_office} | | | | | | |
| Main Operative Site  (for additional sites see next page) | {main\_ops} | | | | | | |
| Contact Person | Name | {cp\_name} | Position | | | {cp\_pos} | | |
| Mobile | {cp\_mobile} | Fax | | | {cp\_fax} | | |
| Tel. | {cp\_tel1} | e-mail | | | {cp\_email} | | |
| Tel. | {cp\_tel2} | Website | | | {cp\_website} | | |
| Products/ Services | {prod\_ser} | | | | | | |
| Desired Scope of Certification | {scope\_cert} | | | | | | |
| Certification Scheme Applied | ck1 ISO 9001 ck2 ISO 14001 ck3 ISO 22000 ck4 ISO 27001 ck5 OHSAS 18001 ck6 HACCP ck7 ISO 50001 | | | | | | |
| Accreditation: {cert\_schem\_accre} | | | | | | |
| Certified in any other management systems | dk1 Yes: {certified\_details} dk2 Nil | | | | | | |
| Applicable legal and statutory requirements | {app\_lgl\_stat\_req} | | | | Compliance | | |
| {lgl\_stat\_cmp} | | |
| Language | {lng} | | | | | | |
| Safety conditions, if applicable | {safe\_cnd} | | | | | | |

|  |  |  |
| --- | --- | --- |
| Outsourced processes | {outsrc\_prcs} | |
| Description of Technical resources e.g machinery | {desc\_tech\_res} | |
| Consultancy Organization/ consultant | {conslt\_org} | ek1 Self Prepared |
| #Desired date of audit | {date\_audit} | |

# desired date should be the date, time and season when audit team has the opportunity to audit the organisation operating on the maximum product lines, categories and sectors covered by the scope.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. of Employees | Main Site (above) | Site 1 | Site 2 | Remarks |
| Total including contracted (give break-up as below) | {ne\_11} | {ne\_12} | {ne\_13} | {ne\_14} |
| Part time | {ne\_21} | {ne\_22} | {ne\_23} | {ne\_24} |
| Production(Process wise break up is required) | {ne\_31} | {ne\_32} | {ne\_33} | {ne\_34} |
| QC+Purchase+Store | {ne\_41} | {ne\_42} | {ne\_43} | {ne\_44} |
| Marketing | {ne\_51} | {ne\_52} | {ne\_53} | {ne\_54} |
| Others | {ne\_61} | {ne\_62} | {ne\_63} | {ne\_64} |
| Number of persons in repetitive/identical process | {ne\_71} | {ne\_72} | {ne\_73} | {ne\_74} |
| Number of Shifts (Details of employees working in each shift) | {ne\_8} | | | |

**For transferring certification from other certification body**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of CB** (attach certificate) | {cb\_name} | **Latest Audit** *(attach report)* | {l\_audit} |
| Reason for Transfer | {reson\_trans} | | |
| certificate under suspension or under threat of suspension | fk1 Yes, state reason: {suspend\_reason} fk2 No | | |

**Information about branch offices/ other sites (to be certified)**

|  |  |
| --- | --- |
| 1 Site address: | {site1\_addr} |
| Activity(ies): | {site1\_act} |
| 2 Site address: | {site2\_addr} |
| Activity (ies): | {site2\_act} |

**ISO 22000/ HACCP specific**

|  |  |
| --- | --- |
| Number of process lines | {n\_prcs\_lns} |
| Number of HACCP Studies | {n\_haccp\_stud} |

**ISO 14001 specific**

|  |  |
| --- | --- |
| Any statutory/ regulatory requirements related to the operations | {i14001\_stat\_reg} |
| Any license/ approvals received related to environmental issues | {i14001\_lic\_app} |
| What type of emissions your organisation does | {i14001\_emission} |
| Do you measure any emissions, if yes define | {i14001\_meas\_emission} |
| Did you had any environmental incident in the past, if yes detail | {i14001\_env\_inc} |
| Other information | {i14001\_other\_info} |

**ISO 45001 specific**

|  |  |
| --- | --- |
| Please detail the identification of key hazards and OH &SMS risks associated with processes. | {i45001\_ohsms} |
| Detail the main hazardous materials used in the processes | {i45001\_haz\_mat} |
| Relevant applicable OH&SMS legal obligations | {i45001\_rel\_app} |

**ISO 50001 specific**

|  |  |
| --- | --- |
| Give the details on the annual energy Consumption in KW/Terra Joules (Eg:Electrical, Thermal, Fuel etc) | {i50001\_ann\_enr} |
| Give the details of the number of energy sources and name them(Eg: Electicity, Natural gas etc) | {i50001\_no\_enr\_src} |
| Details on the significant energy uses | {i50001\_det\_enr\_use} |
| Give the details on the number of EnMs effective Personnel (Top Managemen/MR/Energy management Team, Person responsible for major changes affecting energy performance, effectiveness of the Enms, developing, implementing or maintaining energy performance improvements significant energy uses). | {i50001\_no\_enms} |

**ISO 27001 Specific**

|  |  |
| --- | --- |
| Have you prepared your Statement of Applicability? | {i27001\_stat\_app} |
| Please identify the level and type of risk associated with your information systems | {i27001\_risk\_ims} |
| **COMBINED AUDITS: kindly fill the details required in the annexure** | |

I acknowledge that

* the information provided by me is correct as per my best knowledge and the QCPL offer is based on the above information. If during assessments any variation is found, QCPL may revise its arrangements and offer.
* Application fee once paid is non refundable

Name of the Authorized Representative: {auth\_rep\_name}

Sign:

Date: {date}

|  |  |
| --- | --- |
| Attachments | gk1 Previous Certificate (for transfer only) |
| gk2 Previous Audit report (for transfer only) |
| gk3 Other Useful information, if any. |
| gk4 Annexure |

**ANNEXURE FOR COMBINED AUDITS:**

|  |  |
| --- | --- |
| **LEVEL OF INTEGRATION FOR COMBINED AUDITS:** | {anx\_lvl\_int\_cmb\_adts} |
| 1.Integrated documentation set, including work instructions | {anx\_int\_doc\_set} |
| 2.Management Reviews that consider the overall business strategy and plan | {anx\_mgt\_rvw\_bs} |
| 3.Integrated approach to internal audits | {anx\_int\_adt} |
| 4.Integrated approach to policy and objectives | {anx\_int\_pol\_obj} |
| 5.Integrated approach to systems processes | {anx\_int\_sys\_prs} |
| 6.Integrated approach to improvement mechanisms | {anx\_int\_imp\_mch} |
| 7.Integrated management support and responsibilities | {anx\_int\_mgt\_spt} |