

Company Name							
Address							
City		Code		Country			
Tel Number				Contact Name			
Fax Number				Position			
Web Site				E-mail			
Standard(s) to be assessed							
Accreditation Required				Other Information			
<b>Scope:</b> Please describe what activities your organisation carries out.							
<b>Please list any additional sites to be included in the scope of registration</b>							
Please list the number of employees in each area/site <small>(please use additional sheets if required)</small>		Full Time	Part Time	Shifts	Full Time <small>(Site 2)</small>	Part Time <small>(Site 2)</small>	Shifts <small>(Site 2)</small>
Manufacturing/Service area							
Quality Control/Technical							
Administration							
Storage/Warehouse							
Other							
Management							
Total Employees <small>(Full time equivalent)</small>							
Approx. number of sub-contractors used on average if applicable.				Describe the type of work subcontracted if applicable.			
<b><u>Quality Management System ISO 9001:2015</u></b>							
Number of Sites to be Audited?				<input type="checkbox"/> Single <input type="checkbox"/> Multiple			
Is the Clause" Design & Development" included in the Scope of Organization?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any process that affects the product conformity and is outsourced?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
* Attach Statement of Non-Applicability as per <b>Annexure A</b> of ISO 9001:2015				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Legal Obligations if any _____							
<b><u>Environmental Management System ISO 14001:2015</u></b>							
Number of Sites to be Audited?				<input type="checkbox"/> Single <input type="checkbox"/> Multiple			
Whether Initial Environmental Review (IER) available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Register of Significant Aspects / Impacts available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Legal Register available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Environmental Management Program (EMP) available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has EMP been implemented?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Attach List of Compliance Obligations		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Occupational Health &amp; Safety System ISO 45001:2018</u></b>							
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple				Have you identified Hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes							

List of Hazardous materials any relevant legal obligations.

Personal working onsite and off-site.

Detail all identified Critical occupational health and safety risks and processes.

Whether Incident/ Accident Register available?  Yes  No

Imp: Please furnish Table-1 and attach with Quotation request Form Attached as above  Yes  No

**Food Safety Management System ISO 22000:2018**

Number of Sites to be Audited?  Single  Multiple

Have you implemented HACCP Principles?  Yes  No

Any seasonality issues?  Yes  No

Total No of HACCP Studies (As per ISO 22003-1:2013) \_\_\_\_\_

How many process lines are there in production \_\_\_\_\_

Any Prior Audits Conducted  Yes  No

If yes, attach audit findings

**Other Factors (Kindly Confirm No's):-**

Product Types=\_\_\_\_\_ ; Product Lines=\_\_\_\_\_ ; Product Development=\_\_\_\_\_ ; CCP=\_\_\_\_\_ ; OPRP=\_\_\_\_\_ ;

Building Area=\_\_\_\_\_ ; Infrastructure=\_\_\_\_\_ ; In House Lab Testing=\_\_\_\_\_ ; Translator Requirements=\_\_\_\_\_ ;

**When you will be ready for audit?**

**Date of the system(s) implementation**

**Consultants who helped to develop your system**

**Name of the CB, if already certified**

**Signature**

**Date**