



QUALITY SISTEMA

CERTIFICATIONS & INSPECTIONS PVT. LTD.

Corp. Office:- First Floor SS-1914, Sector-H, LDA Colony, Kanpur Road, Lucknow-226012,
Contact No.- +91-80-9001-2015, Email:- sistemacerts@gmail.com

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					
<small>*(For ISO 9001, ISO 14001, ISO 22000 & OHSMS 45001 OR ANY Other only)</small>					
<input type="checkbox"/>	SISTEMA Acc.	<input type="checkbox"/>	Non Accredited	<input type="checkbox"/>	Others -----
Scope of Certification					

Organisation Details:

No. of employees (at all locations) engaged in	Manpower Details		Number of Employees engaged in identical or similar activities
	Full Time	Part Time	
Management & Administrative Activities			
Design & Development Activities			
Sales/Marketing			
Purchase			
Production & QC/QA			
Stores, Warehouse & Transport Activities			
Other Activities(please specify)			
No. of Employees in			



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General Shift	Shift-1	Shift-2	Total No. of Employees
Details of the Sites to be covered under Certification			
Number of Location			
Please list all Sites:	Main Activities at each Site:		
Applicable Regulatory & Statutory Requirements to the products/Services/Processes:			

Additional Information:

Type of Application	New	<input type="checkbox"/>	Renew	<input type="checkbox"/>	Transfer	<input type="checkbox"/>
	Any Changes in Certificate(s) <i>(i.e. Extensions to scope, Address change or addition, others)</i>					<input type="checkbox"/>
Applicable Certification Programme	ISO 9001:2015	<input type="checkbox"/>	ISO 14001:2015	<input type="checkbox"/>	OHSAS 18001:2007	<input type="checkbox"/>
	ISO 45001:2018	<input type="checkbox"/>	Other(s) – Please Specific _____			
In the case of several certification programmes, would you like the audits to be combined or carried out separately?	Combined	<input type="checkbox"/>	Separate	<input type="checkbox"/>		
If combined, specify the combination required						
Have You A Specific Programme/Time schedule for Achieving Certification?						
Have you called on the services of a consultant?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
If yes, please specify Name & Contact No.						
Name of Business Associate						
Except Marketing, Does the Business Associate have any other involvement?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
If Yes, how Business Associate						



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involved other than marketing?	
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Standard(s) Specific Information:

Quality Management System	ISO 9001:2015			<input type="checkbox"/>
Is there any process outsourced that affects product conformity?	No	<input type="checkbox"/>	Yes - Describe	<input type="checkbox"/>
If yes, give the name of the outsourced process				
Exclusions, if any?	No	<input type="checkbox"/>	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	<input type="checkbox"/>	Yes - Describe	<input type="checkbox"/>
If yes, give the dates of Internal Audit and Management Review.				
Environmental Management Systems	ISO 14001:2015			<input type="checkbox"/>
Type of Industry				
What is the total surface area?				
Is a Register of Significant Environment aspect available?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are Environmental Management Manual/ Procedure etc. available?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
An Internal Environmental Audit Programme?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Has the Internal Environmental Audit Programme been implemented?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
What are the Environmental Laws/Acts applicable to your organization? Please list them.				
Occupational Health & Safety Management System	OHSAS 18001:2007	<input type="checkbox"/>	ISO 45001:2018	<input type="checkbox"/>
Detail processes and detail any licences, authorisations and consents held	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>



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Do you have any OH & S risks which require regulatory requirements?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Are Site Plans (including drainage system) available for the site?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
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...)				

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?	<input type="checkbox"/>	No	<input type="checkbox"/> Yes
(If Yes) Reason for Non-processing:			
Reviewed By:	Date:		
Signature:			