# **Company Information**

|  |  |
| --- | --- |
| Company Name |  |
| Main Activity |  |
| Address |  |
| Telephone |  |
| E-mail |  |
| Website |  |
| Commercial Registration | ☐ Attached ☐ Not Attached |

# **Key Contact Persons**

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Name | Mobile | E-mail |
| Executive Manager |  |  |  |
| Primary Contact Person |  |  |  |

# **Sites & Total Workforce**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site | Address | Total Employees | Number of Shifts | Permanent/Temporary |
| Site 1 |  |  |  |  |
| Site 2 |  |  |  |  |
| **Overall Total** |  | **…… employees** |  |  |

# **Certification Standard(s) Requested**

|  |  |
| --- | --- |
| ☐ ISO 9001 | ☐ ISO 14001 |
| ☐ ISO 45001 | ☐ ISO 22000 |
| ☐ ISO 50001 | ☐ ISO 55001 |
| ☐ ISO 27001 | ☐ ISO 21001 |
| ☐ ISO 20000-1 | ☐ ISO 37301 |

# **5) Certification Scope**

Products / Services / Processes covered under the scope: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

# **6) Certification Program Requested**

* ☐ Initial Certification
* ☐ Recertification
* ☐ Surveillance Audit
* ☐ Transfer from another CB

In case of transfer from another CB

|  |  |
| --- | --- |
| what is the reason of transfer: |  |
| Expiring date of certificate: |  |
| please attach: valid certificate, last audit reports, list of outstanding nonconformities. | ☐ Attached ☐ Not Attached |

# **7) Certification History**

☐ Yes (list and attach copies) ☐ No previous ISO certifications

# **8) Additional Requirements per Standard**

## ISO 9001 (QMS)

|  |  |
| --- | --- |
| Is Design & Development included in the scope? | Yes ☐ No ☐ |
| Are there other non-applicable clauses?  (Specify) | Yes ☐ No ☐ |
| Is a documented QMS implemented | Yes ☐ No ☐ |
| Number of employees directly involved in QMS |  |

## ISO 14001 (EMS)

|  |  |
| --- | --- |
| Is an Environmental Aspect Register available? | Yes ☐ No ☐ |
| Is an internal environmental audit program implemented? | Yes ☐ No ☐ |
| Are environmental objectives monitored and reviewed? | Yes ☐ No ☐ |
| Is there a process to handle environmental incidents? | Yes ☐ No ☐ |
| Number of employees involved in EMS: |  |

## ISO 45001 (OH&S)

|  |  |
| --- | --- |
| Have hazards been identified? | Yes ☐ No ☐ |
| Have critical OH&S risks been identified? | Yes ☐ No ☐ |
| Are health & safety policies documented and communicated? | Yes ☐ No ☐ |
| Are emergency response plans in place? | Yes ☐ No ☐ |
| Number of employees in OH&S roles: |  |

## ISO 22000 (FSMS)

|  |  |
| --- | --- |
| Has HACCP been implemented or studied? | Yes ☐ No ☐ |
| Number of HACCP studies: |  |
| Process type: | ☐ Seasonal ☐ Continuous |
| Are food safety hazards identified and controlled? | Yes ☐ No ☐ |
| Is there a documented food safety policy? | Yes ☐ No ☐ |
| Number of employees involved in FSMS/HACCP: |  |

## ISO 50001 ( EnMS)

|  |  |
| --- | --- |
| Annual energy consumption (kWh or equivalent) |  |
| Number of energy sources |  |
| Number of significant energy uses (SEUs) |  |
| Number of employees involved in energy management |  |

## ISO 27001 (ISMS) & ISO 20000-1 (SMS)

|  |  |
| --- | --- |
| Has the Statement of Applicability (SoA) been prepared? | Yes ☐ No ☐ |
| IT Infrastructure Complexity: | ☐ Simple ☐ Moderate ☐ Complex |
| Is there a risk assessment and management process? | Yes ☐ No ☐ |
| Are access controls and security policies established? | Yes ☐ No ☐ |
| Is an incident response plan in place? | Yes ☐ No ☐ |
| Number of employees in IT/Information Security: |  |

## ISO 55001 (Asset Management)

|  |  |
| --- | --- |
| Is an Asset Management Policy established? | Yes ☐ No ☐ |
| Are asset performance evaluations conducted? | Yes ☐ No ☐ |
| Is there a process for asset lifecycle management? | Yes ☐ No ☐ |
| Are financial and operational risks assessed for assets? | Yes ☐ No ☐ |
| Number of employees in asset management roles: |  |

# **9) Client Declaration**

I hereby confirm that the information provided is accurate and complete, and that I am authorized to submit this application on behalf of the company.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

# **10) For ISSC Official Use Only**

☐ Application Approved

☐ Application Not Approved

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_