APPLICTION FORM

|  |  |
| --- | --- |
| Company name: |  |
| Company address: |  |
| Place: |  |
| Post code: |  |
| Country: |  |
| V.A.T. |  |
| Commercial registration number |  |
| Phone number: |  |
| Fax: |  |
| email: |  |
| web page: |  |
| Director (Name and Surname): |  |
| Phone Contact: |  |
| email: |  |
| Contact person (Name and Surname): |  |
| Position: |  |
| Phone Contact: |  |
| email: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Standard for which apply (mark with X) | | | | | | | | | | | |
| ISO 9001:2015 |  | ISO  14001:2015 |  | ISO 22000:2018 |  | ISO 21001:2018 |  | Others, define |  | | |
| ISO  27001:2022 |  | ISO 45001:2018 |  | ISO 50001:2018 |  | FSSC 22000 V6 |  | ISO  13485:2016 |  | Transition to FSSC 22000 V6 |  |

In case integrated system please specify the level of the integration:

□ All in one sysytem □ All in two sytems □ Single systems

Please mark the below points:

1. integrated documentation □ Yes □ No

2. Integrated management Review □ Yes □ No

3. Integrated internal audits □ Yes □ No

4. Integrated policy and objectives □ Yes □ No

5. Integrated approach to systems processes □ Yes □ No

6. Integrated corrective and preventive action and continual Improvement □ Yes □ No

7. Integrated management support and responsibilities □ Yes □ No

|  |  |  |  |
| --- | --- | --- | --- |
| Number of locations: | |  | |
| Location address: | |  | |
| Describe the locations areas: | |  | |
| No. of employees: | |  | |
| In Administration: | |  | |
| In Production & Handeling: | |  | |
| Environmental Management Representative: | |  | |
| Health and Safety Management representative | |  | |
| No. of permanent workers / Time duration: | |  | |
| No. of seasonal workers / Time duration: | |  | |
| No. of Shifts: | |  | |
| No. of workers per shift: | |  | |
| Identify the days when the factory is not in operation (e.g. weekends, holidays, scheduled stops for holidays or maintenance). | |  | |
| Certification scope: | | | |
| In case of no applicability, please explain the justifications of it: | | | |
| No. and description of process steps: | | | |
| No. and type of products: | | | |
| For Food sector ( ISO 22000 , FSSC22000 , HACCP ):  No. of HACCP plans: On our request, please provide HACCP plan (s), NFSA requirements status | | |  |
| For OH&S ( ISO 45001) : On our request, please provide key hazards, risk assessment, main hazardous materials, any relevant legal obligations | | |  |
| For EMS ( ISO 14001) : On our request, please provide Environment aspects , list of hazard materials, Environment measures | | |  |
| For EnMS ( ISO 50001) : On our request, please provide number of energy Sources, Consumption of energy, number of significant energy uses | | |  |
| For ISMS ( ISO 27001) : On our request, please provide ISMS risk assessment , Risk tratment action plan and last verion of statment of applicability which stated the number of ISMS controls and obejctive controls. | | |  |
| For ISO 22301 : On our request, please provide Business impact analysis | | |  |
| Legal and regulations that the company fulfilled: | | |  |
| Built area of the company:  The boundaries of the EnMS including activities, facilities,  processes and decisions related to the EnMS: | | |  |
| Production area ( m2): | | |  |
| Storage and expedition area: | | |  |
| Last date of management review and internal audit reports | | |  |
| Are you using an outsource (subcontractors) for your process steps, if YES, please, specify for which ones: | | | |
| If you have any management system certificates before from another CB (Specify) and in case of transfer from another CB what is the reason of transfer:  Is the certficate from another CB under sanctions or the threat of suspension with the certification body?  Yes □ NO □  Expiring date of certificate:  Attached : Valid Certificate, last certification or recertification audit reports, subsequent surveillance reports and any outstanding nonconformities that may arise from them.  If the previous Certification Body is not accredited / the certificate has expired / the last certification, recertification or subsequent surveillance audit reports are not made available or if the surveillance audit is overdue then the organization shall be treated as a new client. | | | |
| If you use a consultant for the implementation of your system, please, specify the name of consulting company and the name of consultant: | | | |
| Describe the site safety conditions and the preferred language during the audit: | | | |
| Date and Place |  | | |
| We confirm that we read and understood ACERTA'S ME certification process and policy , as well that all provided details in application form are correct and true. | | | |

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Signature