**Contents**

**Section 1 General Information   
(Please complete this section for All standards that you are applying for)**

**Section 2 ISO9001:2015 -Quality Management System**

**Section 3 ISO14001:2015- Environmental Management System**

**Section 4 ISO 45001:2018-Occupational Health & Safety Management System**

**Section 5 Integrated Management System(IMS)**

|  |
| --- |
| **Which Standard(s) are you interested in (Please Tick all that apply)?**  **☒ISO 9001:2015☐ISO 14001:2015 ☐ISO 45001:2018 ☐OTHER (INTIGRATED)** |

**(SECTION 1) General Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | | | | |  | | | | | | | | |
| **Address (Head Office)** | | | | |  | | | | | | | | |
| **Additional Site** | | | | | | | | | | | | | |
| **Pin code** | | | | | | | | | | | | | |
| **Telephone** |  | | | | | | | | | | | | |
| **Email** |  | | | | | | | | | | | | |
| **Company Website** | | |  | | | | | | | | | | | **Job Title** |  |
| **Contact Representative/CEO Name** | | | | | |  | | | | | **Telephone** |  | |
| **Primary Contact for Audit Purposes** | | | | | |  | | | | | **Telephone** |  | |
| **Name of Consultant (if any)** | | | |  | | | | | | | **Number of years at this site** |  | |
| **Nature of Business** | |  | | | | | | | | | | **Number of years at this site** |  |
| **Does your company conduct any activities on Clients’ sites ☐YES ☒NO? *(If YES please list activity)*** | | | | | | | | | | **No** | | | |
| **Status of Integration of Management Systems(QMS,EMS&OHSMS)- including documentation** | | | | | | | | | | **If yes %** | | | |
| **Management systems that your company have (including those that this application does not cover)** | | | | | | | | | | **☐ISO 9001:2015 ☐ISO 14001:2015**  **☐ISO 45001:2018**  ☐OTHER, please specify | | | |
|  | | | | | | | | | | | | | |
| **Company Employees within the Scope (Breakdown)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Category/Description/Department** | **Total Permanent** | **Total Temporary** | **Total Part- Time** | **Total**  **Contracted** | **Total**  **Sub - Contracted** | | * **MANAGEMENT** |  |  |  |  |  | | * **IT SERVICES** |  |  |  |  |  | | * **ADMIN** |  |  |  |  |  | | * **MARKETING** |  |  |  |  |  | | * **PRODUCTION/SERVICE** |  |  |  |  |  | | * **QUALITY CONTROL** |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | **NB:** *OHSMS: effective number of personnel: all employees, (permanent, temporary and part time) involved in the scope of certification including those on each shift. It shall also include contractors, sub-contractors’ personnel within the organisations control or influence that can impact on the organisations OH&SMS performance.* **Total** |  |  |  |  |  | | | | | | | | | | | | | | |
| **Multi-Site Operations** | | | | | | | | | | | | | |
| **Number of Locations** | | | **Nil** | | | | | | | | | | |
| **Please list all site addresses to be included in the scope** | | | | | | | | **Main Activities at each Site** | | | | | |
| **Transfer of your current certification** | | | | | | | | | | | | | |
| **Standard(s) to be transferred** | | | | | | | | | |  | | | |
| **Name of Present Certification Body** | | | | | | | | | |  | | | |
| **Reason for transfer** | | | | | | | | | |  | | | |
| **Certificate Expiry Date(s)** | | | | | | | | | |  | | | |
| **Date Next Certification Body Visit is Due** | | | | | | | | | |  | | | |
| **Please send a copy of the current certificate and the latest audit report** | | | | | | | | | | | | | |
| **Scope and boundaries for Certification:** | | | | | | | | | | | | | |
| **(SECTION 2) ISO 9001:2015 Quality Management System** | | | | | | | | | | | | | |
| **Main Processes and materials used** | | | | | | | | |  | | | | |
| **Does your company’s management system fully address ISO9001:2015?** | | | | | | | | | | | | **☒ YES ☐ NO** | |
| **Are there any non-applicable clauses of ISO9001:2015? (EXCLUSIONS)** | | | | | | | | | | | | **☐ YES ☐ NO** | |
| **If Yes, what are they and how are they justified?** | | | | | | | | | **yes** | | | | |
| **Are there any outsourced processes?** | | | | | | | | | **☐ YES ☒ NO** | | | | |
| **If Yes, please detail them** | | | | |  | | | | | | | | |
| **Is English language spoken by staff?** | | | | | | | | | **☒ YES ☐ NO** | | | | |
| **If NO, which other languages will be required when conducting the assessment?** | | | | | | | | | **Hindi /English** | | | | |
| **What Key Legislation is applicable on your site(s)?** | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | |

|  |
| --- |
| **(SECTION 3) Environmental Management System ISO 14001:2015**  Number of Sites to be Audited? 🞐 Single 🞐 Multiple  Whether Initial Environmental Review (IER) available? 🞐 Yes 🞐 No  Whether Register of Significant Aspects / Impacts available? 🞐 Yes 🞐 No  Whether Legal Register available? 🞐 Yes 🞐 No  Whether Environmental Management Program (EMP) available? 🞐 Yes 🞐 No  Has EMP been implemented? 🞐 Yes 🞐 No Attach List of Compliance Obligations 🞐 Yes 🞐 No |
| **(SECTION 4) Occupational Health & Safety System ISO 45001:2018**  Number of Sites to be Audited? 🞐 Single 🞐 Multiple Have you identified Hazards? 🞐 Yes 🞐 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  Whether Incident/ Accident Register available? 🞐 Yes 🞐 No - |
| |  |  | | --- | --- | | **Are there any outsourced processes?** | **☐ YES ☒ NO** | | **If Yes:** | |   **Other, specify Number of Sites to be Audited?** 🞐**Single 🞐 Multiple**  **ONE** |

|  |
| --- |
| **Authorised Representative Name:**  **Position:**  **Signed: Date:** |

|  |
| --- |
| **Checklist of Minimum Documents prior Application: -**   1. **Proof of Legal Entity e.g., registration cert., Tax Registration etc.** 2. **Details of Product and Process e.g., documents that verify your process** 3. **Mandatory requirements for Certification e.g., Documented Information**   **\*Note: Client is requested to have readiness for above documents, so that during assessment, we shall verify them for evaluation of system.** |

**Please return this form to: GLOBUS CERTIFICATIONS PVT LTD -Address:** 15, 4th/F, Partap Nagar, Mayur Vihar, Ph-1, New Delhi – 110091 email id- gcertifications@yahoo.com

\*Note: Client is requested to send it electronically through official email i.d. that will be considered as your confirmation for preparing quotation. If this document sends electronically, then signature will not require.