***\*All fields in this application form must be completed to be considered for Certification review***

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| 1. **GENERAL ORGANIZATION DETAILS**
 |
| * 1. Name of Organization:
 |       |
| * 1. Address of Organization

*(Headquarters only)*:  |       |
| * 1. Head of the Organization *(CEO, Executive Director or Equivalent)*:
 |
|  | Name: |       | Position: |       |
| * 1. Management Representative *(the person that reports to top management on the Management System)*:
 |
|  | Name: |       | Position: |       |
|  | Tel: |       | Fax: |       | E-mail: |       |
| * 1. Contact Person *(the person that TTBS will liaise with directly)*
 |
|  | Name: |       | Position: |       |
|  | Tel: |       | Fax: |       | E-mail: |       |
| * 1. Date of Application:
 |       |
| 1. **TYPE OF CERTIFICATION ACTIVITY**
 |
| * 1. Type of System *(please select one or more of the following)*
 |
|   | [ ]  | ISO 9001:2015 *(Quality Management Systems)* |
|  | [ ]   | ISO 14001:2015 *(Environmental Management Systems)* |
|  | [ ]   | ISO 45001:2018 *(Occupational Health and Safety Management Systems)* |
| * 1. Are you currently certified by another body?
 | [ ]  Yes [ ]  No |
| * 1. Was a consultant used to develop the Management System
 | [ ]  Yes [ ]  No |
| * + 1. *If Yes above, please indicated the name of the consultants and/or firm here:*
 |       |
| * 1. Proposed timeline for Certification
 |       |

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| 1. **SCOPE OF CERTIFICATION**
 |
| * 1. Scope of Certification (e.g. *“Design, manufacture, sale and distribution of oil based industrial paints.*”)
 |
|       |
| * 1. The following must be attached and submitted with this application. Please use the checklist below to ensure that the information has been attached.
 |
|  | * + 1. Interaction of processes charts
 | [ ]  Attached |
|  | * + 1. Organization charts
 | [ ]  Attached |
|  | * + 1. List of technical resources
 |  |
| * + - 1. Key Plant and Equipment
 | [ ]  Attached |
| * + - 1. Key ITC Infrastructure
 | [ ]  Attached |
| * + - 1. Key Environmental Controls
 | [ ]  Attached |
| * + 1. List of statutory and regulatory (legal) requirements related to your organization
 | [ ]  Attached |
|  | * + 1. List of outsourced processes
 | [ ]  Attached [ ]  Not Applicable |
|  | * + 1. List of clauses which are not applicable and the justification for exclusion of the clauses.
 | [ ]  Attached [ ]  Not Applicable |
|  | * + 1. Safety considerations at any or all sites
 | [ ]  Attached |

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| 1. **SITE DETAILS**
 |
| Total Number of sites | No of Permanent Sites | No of Temporary Sites | No of Virtual Sites |
|       |       |       |       |
| **Site 1 – Headquarters** |
| Type of Site | [ ]  Permanent [ ]  Temporary [ ]  Virtual | Approximate Size (sq feet) |       |
| Address |       |
| Shift Times | No. of Permanent employees per shift | No of Temporary Employees per Shift |
| Administrative | Technical |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Processes / Operational activities which take place at this site.** |
|  |
| **Site 2** |
| Type of Site | [ ]  Permanent [ ]  Temporary [ ]  Virtual | Approximate Size (sq feet) |       |
| Address |       |
| Shift Times | No. of Permanent employees per shift | No of Temporary Employees per Shift |
| Administrative | Technical |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Processes / Operational activities which take place at this site.** |
|  |
| **Site 3** |
| Type of Site | [ ]  Permanent [ ]  Temporary [ ]  Virtual | Approximate Size (sq feet) |       |
| Address |       |
| Shift Times | No. of Permanent employees per shift | No of Temporary Employees per Shift |
| Administrative | Technical |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Operational activities which take place at this site.** |
|  |
| **Site 4** |
| Type of Site | [ ]  Permanent [ ]  Temporary [ ]  Virtual | Approximate Size (sq feet) |       |
| Address |       |
| Shift Times | No. of Permanent employees per shift | No of Temporary Employees per Shift |
| Administrative | Technical |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Operational activities which take place at this site.** |
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| 1. **STATE OF READINESS**
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| **Questions** | **Answer** | **Further Comments** |
| * 1. External and internal issues determined as required by the standard?
 | [ ]  Yes [ ]  No |       |
| * 1. Needs and expectations of interested parties determined and review these on a regular basis?
 | [ ]  Yes [ ]  No |       |
| * 1. Has the scope of the Management System been determined taking into account:
1. external and internal issues
2. interested parties
3. products and services
 | [ ]  Yes [ ]  No |       |
| * 1. Has your Management System been established including the processes needed and their sequence and interaction? (*Note: This can be done in words or pictures*).
 | [ ]  Yes [ ]  No |       |
| * 1. Have the risks and opportunities been identified and addressed where necessary to ensure that the Management System can achieve its intended result?
 | [ ]  Yes [ ]  No |       |
| * 1. Has the organisation established quality objectives at relevant functions, levels and processes?
 | [ ]  Yes [ ]  No |       |
| * 1. Have you completed a full-system processed based internal audit?
 | [ ]  Yes [ ]  No |       |
| * 1. Can your organisation demonstrate measurable progress on closing nonconformity reports issued during your internal audits
 | [ ]  Yes [ ]  No |       |
| * 1. Have you completed at least one management review covering all the requirements?
 | [ ]  Yes [ ]  No |       |
| * 1. Are the staff members who will have a direct impact on the Management System been trained in their role and do they understand how their roles fit within the Management System?
 | [ ]  Yes [ ]  No |       |
| * 1. Is there a process for managing customer feedback and complaints?
 | [ ]  Yes [ ]  No |       |
| * 1. If you carry out product design, are the inputs to the design process defined and documented?
 | [ ]  Yes [ ]  No |       |

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| 1. **DECLARATION**
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| ***I/We hereby declare that the information supplied on this form, and attached, are true and authentic.*****[ ]  Yes** **[ ]  No****Note: Please note that an officer of the Certification Body will contact your organizations to confirm the authenticity of the application.** |
| **Name of Applicant:** |  |
| **Position of Applicant:** |       |
| **Signature of Applicant:***Note 1: You may use an electronic signature.* *Note 2: If you do not have an electronic signature you may use your work email address provided that this is not from a public email service and domain such as Hotmail, Outlook, Google which are not acceptable.* *Note 3: If you do not have an electronic signature or acceptable email address, you can print and sign this document.* |       |
| **Date:** |       |