***\*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.*”) | | |
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| * 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 | |
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| **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 | |
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| **Processes / Operational activities which take place at this site.** | | | | | | | |
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| **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 | |
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| **Processes / Operational activities which take place at this site.** | | | | | | | |
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| **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 | |
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| **Operational activities which take place at this site.** | | | | | | | |
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| **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 | |
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| **Operational activities which take place at this site.** | | | | | | | |
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| 1. **STATE OF READINESS** | | |
| **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** | |
| ***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:** |  |