FIRST QUALITY CERTIFICATION		Doc. Ref. No.:	QPR-014-SMK-F004
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	Application Form	Rev. No.	Rev.00
		Date:	01-Apr-18
		Issue No.	01

COMPANY INFORMATION					
Company Name:					
Corporate Address:					
Tel. No(s).:			Fax No.:		
Company Email:			Web:		
Authorized Contact Person Name:			Mobile:		
Designation:			Email:		
Org. Head:			Email:		
CERTFICATION STANDARD(S)					
[ ] ISO 9001	[ ] ISO 14001	[ ] OHSAS 18001	[ ] ISO 22000	[ ] HACCP	[ ] Others _____
NACE Code(s):					
Scope (Activity):					
No. of Permanent Employees: ( )		No. of Temporary Employees: ( )		TOTAL No. of Employees: ( )	
No. of Permanent Site(s):			No. of Temporary Site(s), if any:		
Address (1)			Address (1)		
Address (2)			Address (2)		
Address (3)			Address (3)		
Address (4)			Address (4)		
Address (5)			Address (5)		
Guidance number of auditor days (based on effective number of employees:			**Standard(s):**		
			Initial Assessment:	[ ] YES	[ ] NO
			Surveillance: F/~~S~~	[ ] YES	[ ] NO
			Re-assessment	[ ] YES	[ ] NO
CONSULTANTS DETAILS (IF ANY)					
Company Name:					
Standards(s):					
[ ] ISO 9001	[ ] ISO 14001	[ ] OHSAS 18001	[ ] ISO 22000	[ ] HACCP	[ ] Others___
Quotation to be issued:				**Client Stamp:**	
[ ] Transfer	[ ] Application for Certification	[ ] Audit Planning	[ ] Document Review		
[ ] Stage 1 Assessment	[ ] Stage 2 Main Assessment	[ ] Combined Stage 1 & 2 Assessment	[ ] Re-assessment		
[ ] Surveillance Year 1	[ ] Surveillance Year 2	[ ] _____	[ ] _____		

TIME ALLOCATED		
Addition or Reduction:	Audit Planning:	Document Review:
Stage 1 Initial Assessment:	Stage 2 Main Assessment:	Re-assessment:
Clear Corrective Actions:	Certification Review:	Annual Surveillance:
Site Visit Time:	Travel Time (Duration):	

Scope review form suitable? [ ] YES [ ] NO	Other Comments/ Specific Competence Requirements:
State of implementation of standards? [ ] YES [ ] NO	

Statutory and Regulatory Requirements (Related to the nature of work and Management System Certification):

Outsourced Process: (if any, which effects the conformity of the product/service)

In case of outsourced process, what type and extent of controls have been applied in order to ensure that the externally provided functions or processes do not adversely affect the effectiveness of your management system (MS)?

In case of outsourced process, how have you evaluated and determined organization's ability to meet your requirement and legal compliances?

STANDARD REQUIREMENTS (v ONLY WHERE APPLICABLE)		
QMS	**DOCUMENTED?**	
i. Is the category "design & development", included in the activities to be certified?	[ ] YES	[ ] NO
ii. Is there any process outsourced, which affects product conformity?	[ ] YES	[ ] NO
iii. Exclusions, if any?	[ ] YES	[ ] NO
1. Policy	[ ] YES	[ ] NO
2. Identification and methodology of Risk	[ ] YES	[ ] NO
3. Risk Treatment Plan	[ ] YES	[ ] NO
4. Risk Assessment Report	[ ] YES	[ ] NO
5. Statement of Applicability with regard to the standards	[ ] YES	[ ] NO
6. Records required by the standards	[ ] YES	[ ] NO
7. Internal Audit	[ ] YES	[ ] NO
8. Detail of the service outsourced	[ ] YES	[ ] NO

9. Assessment of Risks and Opportunities defined	[ ] YES	[ ] NO
10. Records of internal audits conducted	[ ] YES	[ ] NO
11. Records of Management Review conducted	[ ] YES	[ ] NO
12. Defined scope of the Quality Management System	[ ] YES	[ ] NO
13. Process Flow diagrams indicating interactions of all steps in the operation	[ ] YES	[ ] NO
14. List all functions/departments of your organization	[ ] YES	[ ] NO
15. List of all applicable regulatory and statutory legislations	[ ] YES	[ ] NO
EMS ONLY	**DOCUMENTED?**	
1. Policy	[ ] YES	[ ] NO
2. Is there any process outsourced, which affects product conformity?	[ ] YES	[ ] NO
3. Details of the site(s); your company managing at the same time?	[ ] YES	[ ] NO
4. A Register of Significant Environment Aspects?	[ ] YES	[ ] NO
5. An Environmental Management Manual?	[ ] YES	[ ] NO
6. An Internal Environmental Audit Programme?	[ ] YES	[ ] NO
7. Has the Internal Environmental Audit Programme been implemented?	[ ] YES	[ ] NO
8. Kindly provide list of Significant Aspects & License required?	[ ] YES	[ ] NO
9. Storage condition & permitted quantities of hazardous material?	[ ] YES	[ ] NO
10. Records of internal audits conducted	[ ] YES	[ ] NO
11. Records of Management Review conducted	[ ] YES	[ ] NO
12. Defined scope of the Environmental Management System	[ ] YES	[ ] NO
13. Process Flow diagrams indicating interactions of all steps in the operation	[ ] YES	[ ] NO
14. List all functions/departments of your organization	[ ] YES	[ ] NO
15. List of all applicable regulatory and statutory legislations	[ ] YES	[ ] NO
OHSAS ONLY	**DOCUMENTED?**	
1. Policy	[ ] YES	[ ] NO
2. Applicable Legal & Other Requirements?	[ ] YES	[ ] NO
3. Hazards Identified?	[ ] YES	[ ] NO
4. Please detail any critical Occupational Health & Safety Risks Identified?	[ ] YES	[ ] NO
5. Eliminating Hazards & Reducing OH&S Risks?	[ ] YES	[ ] NO
6. Emergency Preparedness and Response Plan or Process?	[ ] YES	[ ] NO
7. Incident Investigation Process?	[ ] YES	[ ] NO
8. Records of internal audits conducted	[ ] YES	[ ] NO
9. Records of Management Review conducted	[ ] YES	[ ] NO
10. Defined scope of the OHSAS Management System	[ ] YES	[ ] NO
11. Process Flow diagrams indicating interactions of all steps in the operation	[ ] YES	[ ] NO
12. List all functions/departments of your organization	[ ] YES	[ ] NO
13. List of all applicable regulatory and statutory legislations	[ ] YES	[ ] NO
FSMS ONLY	**DOCUMENTED?**	
1. Policy	[ ] YES	[ ] NO
2. Applicable Legal & Other Requirements?	[ ] YES	[ ] NO
3. Food Hazards Identified?	[ ] YES	[ ] NO

4. Food Safety Team	[ ] YES	[ ] NO
5. Records of internal audits conducted	[ ] YES	[ ] NO
6. Records of Management Review conducted	[ ] YES	[ ] NO
7. Defined scope of the Food Safety Management System	[ ] YES	[ ] NO
8. Process Flow diagrams indicating interactions of all steps in the operation	[ ] YES	[ ] NO
9. List all functions/departments of your organization	[ ] YES	[ ] NO
10. List of all applicable regulatory and statutory legislations	[ ] YES	[ ] NO
11. List of pre-requisite programmes implemented	[ ] YES	[ ] NO
12. List of finished products and their intended use	[ ] YES	[ ] NO
13. Product recall	[ ] YES	[ ] NO
HACCP ONLY	**DOCUMENTED?**	
1. Policy	[ ] YES	[ ] NO
2. Applicable Legal & Other Requirements?	[ ] YES	[ ] NO
3. Hazards Identified?	[ ] YES	[ ] NO
4. Recipe(s)/List of ingredients	[ ] YES	[ ] NO
5. List of Equipment and Materials	[ ] YES	[ ] NO
6. Hazard Worksheet/list of hazards	[ ] YES	[ ] NO
7. Process Flow Diagram	[ ] YES	[ ] NO
8. HACCP Worksheet	[ ] YES	[ ] NO
9. Cooking Potentially Hazardous Foods SOP	[ ] YES	[ ] NO
10. Cooling Potentially Hazardous Foods SOP	[ ] YES	[ ] NO
11. Eliminating Bare Hand Contact SOP	[ ] YES	[ ] NO
12. Handwashing SOP	[ ] YES	[ ] NO
13. Hot and Cold Holding of Potentially Hazardous Foods SOP	[ ] YES	[ ] NO
14. Personal Hygiene SOP	[ ] YES	[ ] NO
15. Time As a Control SOP	[ ] YES	[ ] NO
16. Using and Calibrating Thermometer SOP	[ ] YES	[ ] NO
17. Cooking and Reheating Log	[ ] YES	[ ] NO
18. Cooling Log	[ ] YES	[ ] NO
19. Refrigeration Log	[ ] YES	[ ] NO
20. Thermometer Calibration Log	[ ] YES	[ ] NO
21. Training Log & Food Safety Checklist	[ ] YES	[ ] NO

REVIEWED BY:	**CLIENT REPRESENTATIVE:**
Name:	Name:
Designation:	Designation:
Date:	Date;
Remarks:	

APPLICATION REVIEW BY FIRST QUALITY CERTIFICATION (FQC)		
1. Does accreditation request available with FQC? (Refer accreditation letter)	[ ] YES	[ ] NO
2. Does territory of the application in active list? (Refer accreditation letter)	[ ] YES	[ ] NO
3. Does Scope demand available with FQC? (Refer accreditation letter)	[ ] YES	[ ] NO

4. Does MS certification request available with FQC? (Refer accreditation letter)		[ ] YES	[ ] NO
5. Does the above information complete?		[ ] YES	[ ] NO
REVIEWED BY:			
Name:	Signature:	Date:	
1. Can the application be further processed?		[ ] YES	[ ] NO
REMARKS (IF ANY):			