



QACS APPLICATION FOR MANAGEMENT SYSTEM AUDIT AND CERTIFICATION

Company Name			
Main Office Address			
Scope of Office Address			
Work / Factory Address			
Scope of Work / Factory Address			
Telephone Number		Fax Number	
e-mail		Tax Administration/ Tax Identification Number	
Top Management		TM Representative	
Applicable regulatory requirements			

Assessment Standard against which registration is sought

STANDARD	REQUIRED ACCREDITATION	UAF	QACS
ISO 9001:2015	Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
ISO 14001:2015	Environment Management System	<input type="checkbox"/>	<input type="checkbox"/>
ISO 45001:2018	OHSMS	<input type="checkbox"/>	<input type="checkbox"/>
ISO 22000:2018	Food Safety Management System	<input type="checkbox"/>	<input type="checkbox"/>
ISO 27001:2013/2022	Information Security Management System		<input type="checkbox"/>
ISO 20000-1:2018	Information Technology-Service Management		<input type="checkbox"/>
ISO 37001:2016	Anti-Bribery Management System		<input type="checkbox"/>
ISO 13485:2016	Medical Devices Quality Management System		<input type="checkbox"/>
HALAL	HALAL		<input type="checkbox"/>
KOSHER	KOSHER		<input type="checkbox"/>
ISO 10002	the complaint handling system		<input type="checkbox"/>
ISO 10004	customer satisfaction system		<input type="checkbox"/>
CE	CE Marking Conformity Assessment		<input type="checkbox"/>
HACCP	Hazard analysis critical control point		<input type="checkbox"/>
ISO 50001	Energy management system		<input type="checkbox"/>
ISO 10015	Quality management - guidance for training		<input type="checkbox"/>
CGMP	Cosmetic good manufacturing practice		<input type="checkbox"/>
ROHS	Restriction of Hazardous Substances		<input type="checkbox"/>
REACH	PRODUCT MANUFACTURING PROCESS AND TEST REPORT OF THE PRODUCT		<input type="checkbox"/>
ISO 10002	Quality management customer satisfaction		<input type="checkbox"/>
ISO 29990	the learning services for non-formal education and training		<input type="checkbox"/>
ISO 22301	Business continuity management system		<input type="checkbox"/>
ISO 10004	Quality management – customer satisfaction		<input type="checkbox"/>
ISO 30000	the ship management system		<input type="checkbox"/>
ISO 26000	Social responsibility		<input type="checkbox"/>
HSE-MS	HSE management system		<input type="checkbox"/>
GDP	GOOD DISTRIBUTION PRACTICE		<input type="checkbox"/>
ISO 30000	Ship management system		<input type="checkbox"/>
GSP	Good storage practice		<input type="checkbox"/>
ISO/TS 29001	the Petroleum, petrochemical and natural gas		<input type="checkbox"/>
ISO 11135	the Sterilization of health-care products system		<input type="checkbox"/>
ISO 20252	Market opinion and social research		<input type="checkbox"/>



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ISO 11137-1	STERILIZATION FOR MEDICAL DEVICE		<input type="checkbox"/>
ISO 11137-2	STERILIZATION FOR MEDICAL DEVICE		<input type="checkbox"/>
ISO 39001	the road traffic safety (RTS)		<input type="checkbox"/>
ISO 3834-2:2005	Quality requirements for fusion welding of metallic materials		<input type="checkbox"/>
GMP	Good manufacturing practice		<input type="checkbox"/>
ISO 10006	Quality management in practice		<input type="checkbox"/>
ISO 15489	Record management system		<input type="checkbox"/>
ISO 15378	GMP		<input type="checkbox"/>
GHP	Good hygiene practice		<input type="checkbox"/>
ISO 41001	Facility management system		<input type="checkbox"/>
ISO 3834-2	Quality requirements for fusion welding of metallic materials		<input type="checkbox"/>
ISO 15189	Medical laboratories- requirement for quality and competency		<input type="checkbox"/>
Any Other standard Please specify			<input type="checkbox"/>

(For Integrated Management System)

Do you Have demonstrated all documents including Work instruction common for all standards?	Yes	NO
Did MRM cover overall business strategy and plan?	Yes	NO
Did integrated approach for all standard used in Internal audit?	Yes	NO
Did you have common policy and objective documents?	Yes	NO
Did you have integrated approach to system processes?	Yes	NO
Did integrated approach is taken for improvement mechanism (CA/PA, Monitoring and continual Improvement)	Yes	NO
Did management support and responsibilities are integrated?	Yes	NO

Details of employees

No. Of Shifts	General		Shift 1		Shift 2		Shift 3	
Working time								
Employee involvement	In Different activity	In Same activity	In Different activity	In Same activity	In Different activity	In Same activity	In Different activity	In Same activity
Permanent employee								
Part Time Employee								
Temporary employee								
Contractual employee								
Per Shift Employees Number								
Number of employee deputed at client site								
Total Employees Number								
Shift having critical Function (Mark * for critical shift)								
Shift wise activity								

In Case of companies having multiple sites

	Address of company – sites (temp/permanent)	No. Of Employees	No. Of shifts
Site1			
Site2			



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If You are applying for EMS ISO:14001 Please provide following additional information

Sl.	Particular	Head office	Site 1	Site 2
1.	Is there any Other requirement (Other than legal requirements)			
2.	Is there generation of solid waste	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
3.	Is there generation of liquid waste	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
4.	Is there generation of flue gases or vaporous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.	No. Of EMS aspects identified			
6.	Use of natural resources (mineral etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
7.	Use of fossil fuels	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
8.	Use of electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
9.	Use of water	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
10.	Use of chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
11.	Spraying equipment used	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
12.	Welding process used	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
13.	Location of site	<input type="checkbox"/> Notified <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Notified <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Notified <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
14.	Does site have proximity to wet land	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
15.	Does site proximity to virgin forests	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
16.	Does site is situated within human habitat	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.

If You are applying for OHSMS ISO:45001 Please provide following additional information

SL	Particular	Head office	Site 1	Site 2
A	Name of Legal responsible person for health of employees (Nominated person under Law not necessary MR)			
B	Name of employee representative responsible for health of Employee (if available)			
C	Name of Person responsible for monitoring health (Doctor/Medical Person)			
1	List out all legal requirements	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
2	What are key hazards?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
3	What are the main hazardous materials used in process?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
4	How many personnel work away from the organisations premises?			
5	What are the OH&S risk associated with processes			
5.1	Very Hot process?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.2	Very cold process?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.3	Working on height?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes



QACS APPLICATION FOR MANAGEMENT SYSTEM AUDIT AND CERTIFICATION

		<input type="checkbox"/> No.	<input type="checkbox"/> No.	<input type="checkbox"/> No.
5.4	Working with acid/base?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.5	Need to lift heavy load?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.6	Working with hazardous material?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.7	Working under ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.
5.8	Working place is having vehicular moments?	<input type="checkbox"/> Notified <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Notified <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	<input type="checkbox"/> Notified <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5.9	Working place is using crane to lift and transport heavy material?	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.	<input type="checkbox"/> Yes <input type="checkbox"/> No.

If You are applying for FSMS ISO:22000 Please provide following additional information

Sl.	Particular	Site1		Site 2	
1	How many process lines are in the site?				
2	What are the product and processing season?	Product	Season	Product	Season
3	How many HACCP Studies are conducted for Site?				
4	How many CCP's are identified?				

If You are applying for EnMS ISO:50001 Please provide following additional information

		Annual Consumption	Annual Consumption Site 1	Annual Consumption Site 2
	No of EnMS Effective personnels			
	Particular Type of Energy use			
1.	Electricity	KVA	KVA	KVA
2.	LDO/ Diesel/ gasoline	KL	KL	KL
3.	Compressed Natural Gas			
4.	Methane or Mixture of gases produced by recycling			
5.	Coal	T	T	T
6.	Solar	KVA	KVA	KVA
7.	Wind	KVA	KVA	KVA
8.	Any Other (For eg Agriculture Waste)also Define the uses			
	Significant Energy uses			
1.	Lighting			
2.	Running of machineries (motor Driven)			
3.	Heating of area			
4.	Cooling / refrigeration of area			
5.	Steam generation			
6.	Electricity generation			
7.	Cooling employed in process			

Have you done risk Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are the major risks identified?	
What are the hazards identified? (Safety Hazard in case of ISO 45001)	
Please mention out of scope standard clauses	
Please mention if you have certification transfer demand	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Last internal Audit	



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Names of internal auditors	
Required audit date	
Describe your process/functional units	
Do you out source any process	
Name of the consultants / consultancy company?	
Confirmation	
DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company	
Contact Name :	
Position :	Signature: