



# Certification Application Form

<b>Organization</b>			
<b>Head Office</b>			
<b>Production/Service/Site Address(es)</b>			
<b>Client's Representative</b>		<b>Date</b>	

## Organization Basic Information

<b>Phone</b>	<b>Fax</b>	<b>E-mail</b>	<b>Total Number of Employees</b>
<b>Number of Sites</b>	<b>Number of Employees Working by Sites</b>	<b>Number of Shift</b>	<b>Number of Employees Working by Shift</b>
<b>Number of Subcontractors Employees</b>	<b>Number of Personnel Carry Out Nearly Identical Activities</b>	<b>Number of Seasonal Product Workers</b>	<b>Part Time Employees</b>

## Requested Management System

<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 22000:2018	<input type="checkbox"/> ISO 27001:2013	<input type="checkbox"/> ISO 50001:2018	<input type="checkbox"/> ISO 45001:2018
<input type="checkbox"/> ESYD	<input type="checkbox"/> IAS	<input type="checkbox"/> ESYD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IAS
<input type="checkbox"/> ISO 10002:2014	<input type="checkbox"/> ISO 20000-1:2011	<input type="checkbox"/> ISO 22301:2012	<input type="checkbox"/> ISO 13485:2016	<input type="checkbox"/> ISO 31000:2009	<input type="checkbox"/> Other (.....)

<input type="checkbox"/> <b>New Application</b>	<input type="checkbox"/> <b>Scope and Address Change</b>
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## The desired management system scope of the certification

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Indicate the excluded clause according to ISO 9001, if exist.

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Please give information concerning outsourced processes, if exist.

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Please give information about your processes, functions, technical resources and operations

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## Q-check Contact Information

Q-check P.C 9, Erithrou stavrou 9-17 Larissa, P.C 41221, Greece
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Please give information about any legal regulation that you are obliged to abide by, if exists.

Please give information about a relationship in a larger corporation, if any.

Please give information concerning to use of consultancy (consultancy organization/consultant) relating to the management systems.

Please give information about the level of integration of your management system.

Integrated documentation	<input type="checkbox"/>	Measurement and continual improvement	<input type="checkbox"/>
MR, Management review	<input type="checkbox"/>	Management support and responsibilities.	<input type="checkbox"/>
Internal audit	<input type="checkbox"/>	Control of nonconforming products	<input type="checkbox"/>
Policy and objectives	<input type="checkbox"/>	Systems Processes	<input type="checkbox"/>
Corrective and preventive action	<input type="checkbox"/>	Performance evaluation	<input type="checkbox"/>

**HACCP Study Information**

HACCP Plan Name	-				
CCP Critical Control Point	-				
Operational Prerequisite Programs	-				
Do you have related management system? If Yes, Please write names.				-	
Do you have any seasonal products?				-	

What are the important risk processes in your company according to ISO 14001 or ISO 45001?

-

Does your company have unusual hazards /aspects that require high sensitivity related to ISO 14001 or ISO 45001?

-

Is there any members of the public are present on your organization site (e.g hospitals, schools, airports, train station..)?

-

Rate of accidents and occupational diseases?

-

Any serious incident or breach of regulation necessitating the involvement of the competent regulatory authority?

-

Required Application Documents should be forwarded to us

**Q-check Contact Information**

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9, Erithrou stavrou 9-17  
Larissa, P.C 41221, Greece

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