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| --- | --- | --- | --- | --- | --- |
| **Organization Information (Main / Central / Head Office)** | | | | | |
| **Name**  **(Legal Form)** |  | | | | |
| **Physical**  **Address** |  | | | | |
| **Contact** |  | | **Designation** |  | |
| **Mobile #** |  | | **Telephone #** |  | |
| **Email** |  | | **Website** |  | |
| **Total Employes** |  | **Number of Shifts** |  | **Type of Activity Across Shifts (Similar /**  **Different)** | Similar  Different |
| **Persons Per Shift** |  |
| *Fill below table with breakup of total employees based on role / type (if any type is not applicable leave it blank)* | | | | | |
| **Regular / Full Time** | **Supervisory/ Leads / Managemet** | **Top / Senior Management** | **Contract / Project** | **Unskilled / Low Paid** | **Temporary / Seasonal** |
|  |  |  |  |  |  |
| **Type of Certification** | **Single**  **Multisite** | **If Multisite, (Number of Branches)** |  | **Type of Audit** (Multiple MS can be audited simultaneously) | **Integrated /Combined** |
| **Standalone** |
| *If branch needs certification, it will be considered as multisite certification. Annexure 1 to be filled for each branch* | | | | | |
| **Do You Wish Remote Audit?**  (upto 50% of time possible subject  to risk / complexity) | | **Yes**  **No** | **Do Have Necessary Infrastructure for a Remote Audit?** | | **Yes**  **No** |

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| **Information on Management System** | | | | | | | | | | | | | | | |
| *Appendix to be submitted for additionally for applicable standards (e.g. 14001, 45001, 27001, etc.) – Sales will advise* | | | | | | | | | | | | | | | |
| **Which Certification** | **ISO 9001** | | **ISO 14001** | | **ISO 45001** | | | | **ISO 22000** | | | **ISO 27001** | | | **ISO 22301** |
| **ISO 20000** | | **ISO 50001** | | **RC 14001** | | | | **HACCP** | | | **ISO 41001** | | | **ISO 55001** |
|  | | | |  | | | | | | |  | | | |
| **Scope /**  **Activities** (to be certified) |  | | | | | | | | | | | | | | |
| **Outsourced**  **Process** (If any specify) |  | | | | | | | | | | | | | | |
| **Start Date (Expected)** |  | | **Supported By**  **Consultant** | | | | **Yes**  **No** | | | **If Yes, Which Consultant** | | | |  | |
| ***For Integrated Management Systems (Select the options below where an integrated approach is practiced)*** | | | | | | | | | | | | | | | |
| **System Documentation** | | | | **Integrated** | | | | | | | **Integrated Internal Audit** | | | | |
| **Integrated Policy & Objectives** | | | | **Integrated System Process** | | | | | | | **Improvement Mechanisms** | | | | |
| **Integrated Management Support** | | | | | | | | **Integrated Management Review** | | | | | | | |
| **Did your company receive in-house training by FHASS within the last two years?       Yes      NO** | | | | | | | | | | | | | | | |
| **If yes, Training Name:** | |  | | | | **Dated:** | | | | | | |  | | |

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| **Additional Information for Food Related Certification** *(Only fill if you need ISO 22000 / HACCP)* | | | | | |
| **Food Handles** | **Number of HACCP Studies** | **Size of Production Area (Sq. Mtrs)** | **Number of Kitchens** | **Number of Restaurants / Outlets** | **Number of Temporary Sites (E.g. Catering**  **Sites)** |
|  |  |  |  |  |  |
| **Any Exclusion? Please Specify**  (restaurant / outlets / services /  excluded from certification) | |  | | | |

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| **Information for Transfer of Certificates** *(To be filled only incase of transfer requirement)* | | | | | |
| **Do the certificates have current validity?** | | | | **Yes**  **No** | |
| **Audit reports from the last certification period available?** | | | | **Yes**  **No** | |
| **Any nonconformities from the previous audit?** | | | | **Yes**  **No** | |
| **Any open nonconformities from the previous audit?** | | | | **Yes**  **No** | |
| **Reason for transfer to another certification body :** | | | | | |
| *In case of an assignment for the transfer of a certification, please attach all existing certificates issued by existing*  *certification body, all audit reports and all non-conformity reports from the last certification cycle* | | | | | |
| **Status of Existing Certification** | | | | | |
| **Standard** | **Certification**  **Body** | **Accreditation**  **Body** | **Initial Date of**  **Certification** | | **Certificate**  **Validity Date** |
|  |  |  |  | |  |
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| **Any Other Relevant Information Which May Be of Importance to Us** |
|  |
| **Please Provide Copy of :**  1) Trade License / Commercial Registry 2) VAT Registration |

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| --- | --- | --- | --- |
| **Name** | **Place** | **Date** | **Sign** |
|  |  |  |  |

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| --- | --- | --- |
| **For FAHSS Use Only** *(Will be filled by FAHSS)* | | |
| **No in-house development** | **Low process risk** | **Mature management system** |
| **Similar tasks** | **Large number of regulations** | **High process risk** |
| **Labour intensive tasks** |  |  |
| **Comments (including justification for effective manpower in case of addition or reduction** | | |
|  | | |
| **Sales Person :** | | **Date :** |

**Questionnaire For Certification Offer Preparation**

**ANNEXURE 1** (To Be Filled Only In Case Of Multisite Certification, For Each Branch That Needs Certification)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Information Branch Office | 001** | | | | | |
| **Name**  **(Legal Form)** |  | | | | |
| **Physical Address** |  | | | | |
| **Scope /**  **Activities** (to  be certified) |  | | | | |
| **Total Employes** |  | **Number of Shifts** |  | **Type of Activity Across Shifts (Similar /**  **Different)** | Similar  Different |
| **Persons Per Shift** |  |
| *Fill below table with breakup of total employees based on role / type (if any type is not applicable leave it blank)* | | | | | |
| **Regular / Full Time** | **Supervisory / Leads /**  **Management** | **Top / Senior Management** | **Contract / Project** | **Unskilled / Low Paid** | **Temporary / Seasonal** |
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| **Organization Information Branch Office | 002** | | | | | |
| **Name**  **(Legal Form)** |  | | | | |
| **Physical Address** |  | | | | |
| **Scope/**  **Activities** (to  be certified) |  | | | | |
| **Total Employes** |  | **Number of Shifts** |  | **Type of Activity Across Shifts (Similar /**  **Different)** | Similar  Different |
| **Persons Per Shift** |  |
| *Fill below table with breakup of total employees based on role / type (if any type is not applicable leave it blank)* | | | | | |
| **Regular / Full Time** | **Supervisory / Leads /**  **Management** | **Top / Senior Management** | **Contract / Project** | **Unskilled / Low Paid** | **Temporary / Seasonal** |
|  |  |  |  |  |  |

**Questionnaire For Certification Offer Preparation**

**ANNEXURE 1** (To Be Filled Only In Case Of Multisite Certification, For Each Branch That Needs Certification)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Information Branch Office | 003** | | | | | |
| **Name**  **(Legal Form)** |  | | | | |
| **Physical Address** |  | | | | |
| **Scope/**  **Activities** (to  be certified) |  | | | | |
| **Total Employes** |  | **Number of Shifts** |  | **Type of Activity Across Shifts (Similar /**  **Different)** | Similar  Different |
| **Persons Per Shift** |  |
| *Fill below table with breakup of total employees based on role / type (if any type is not applicable leave it blank)* | | | | | |
| **Regular / Full Time** | **Supervisory / Leads /**  **Management** | **Top / Senior Management** | **Contract / Project** | **Unskilled / Low Paid** | **Temporary / Seasonal** |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Organization Information Branch Office | 004** | | | | | |
| **Name**  **(Legal Form)** |  | | | | |
| **Physical Address** |  | | | | |
| **Scope/**  **Activities** (to  be certified) |  | | | | |
| **Total Employees** |  | **Number of Shifts** |  | **Type of Activity Across Shifts (Similar /**  **Different)** | Similar  Different |
| **Persons Per Shift** |  |
| *Fill below table with breakup of total employees based on role / type (if any type is not applicable leave it blank)* | | | | | |
| **Regular / Full Time** | **Supervisory / Leads /**  **Management** | **Top / Senior Management** | **Contract / Project** | **Unskilled / Low Paid** | **Temporary / Seasonal** |
|  |  |  |  |  |  |