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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 subjectto 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)

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| --- |
| **Organization Information Branch Office | 001** |
| **Name****(Legal Form)** |  |
| **Physical Address** |  |
| **Scope /****Activities** (tobe 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** (tobe 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)

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| **Organization Information Branch Office | 003** |
| **Name****(Legal Form)** |  |
| **Physical Address** |  |
| **Scope/****Activities** (tobe 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** (tobe 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** |
|  |  |  |  |  |  |