



Contract No:

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

Addressed to: **CONFORMANCE VERIFICATION INTERNATIONAL**

MPCL 3170/31, 058 01 Poprad, Slovakia

This application does not establish any contractual relationship.

Standard for the management system audit (please, mark)

☐ ISO 9001 ☐ ISO 14001 ☐ ISO 27001 ☐ ISO 37001

☐ ISO 45001 ☐ SA 8000

☐ Other (please, specify)

ORGANISATION TO BE CERTIFIED

Name

Location

Company ID. VAT/TAX No.

Contact for communication

Name Position.....

Phone E-mail

Web

Statutory representative

Name

AUDIT, REPORT AND CERTIFICATE (Please, mark)

☐ Certification ☐ Recertification

☐ Certification take-over ☐ Change in the certification - specify

.....

.....

Language of the audit

Language of the report

Required date of audit

Description of Activities to Be Certified

.....

.....

At this stage, the above text is in the form of proposal of the text for certificate. The final text will be agreed after the management system audit.

Required form of certificate ☐ Paper ☐ Electronic

INFORMATION ABOUT THE MANAGEMENT SYSTEM

Is your system fully integrated (only for 2 or more standards)? ☐ YES ☐ NO
(i.e common documentation including work instructions, management review, internal audits, policy, objectives, systems processes, corrective and preventive actions, measurement and continual improvement, management support and responsibilities)

Valid CVI certifications of management systems

.....

Management systems certifications from other certification bodies (attach certificate)

.....

Outsourced processes / activities

.....

.....

System established from:



Contract No: _____

Consultancy company used, if any

Consultants utilized, if any (give names).....

Number of temporary sites:

Is there high level of automation in your organization? ☐ YES ☐ NO

Do you provide services at premises of other organizations? ☐ YES ☐ NO

If yes, describe:

.....

.....

Do you provide services abroad? If yes, describe: ☐ YES ☐ NO

.....

.....

Unapplied clauses of ISO 9001 Standard

.....

FOR ISO 14001 ALSO:

Do you have design responsibility in product related aspects? ☐ YES ☐ NO

Did complaints or special requirements (other than usual legislation ones) of interested parties occur in last three years? ☐ YES ☐ NO

Is sensitivity of receiving environment higher than it is typical for your industry sector (e.g. protected area, water sources)? ☐ YES ☐ NO

Is there high risk of impacts in case of incidents/accidents/emergency situation or previous environmental problems? ☐ YES ☐ NO
Specify if YES

.....

.....

Do you have indirect/additional/unusual environmental aspects or do you apply legislation requirements that are unusual for your business sector?
Specify if YES ☐ YES ☐ NO

.....

FOR ISO 45001 ALSO:

Are there unfavourable views of interested parties or is the accident rate higher than average for the business sector? ☐ YES ☐ NO

Is Organization facing legal proceedings related to OH&S or does the Organization work abroad? ☐ YES ☐ NO

Is the public (e.g. in schools, hospitals, transportation means) or many sub-/contractors (e.g. during periodical maintenance) present on site? ☐ YES ☐ NO

Are there dangerous substances in amount causing risk of major industrial accidents in terms of legislation according to the local legislation? ☐ YES ☐ NO

PLEASE, SUBMIT FOLLOWING INFORMATION FOR EACH STABLE LOCATION SEPARATELY
(ALL THE LOCATIONS SHALL BE LISTED IN THE CERTIFICATION AGREEMENT)

Location/Address

Activities:

.....

Give Number of Personnel including external persons controlled by the Organization

working full time in 1 shift N1:

working full time in 2 shifts N2:

working full time in 3 shifts N3:

working part time in 1 shift N4:

working part time in 2 shifts N5:

working part time in 3 shifts N6:

Number of "off local" employees of the above (salespersons, drivers):

END OF DATA FOR THIS LOCATION



Contract No: _____

APPLICATION

I, signed below, apply for the management system audit according to this application. I agree that CVI will choose a suitable certification body for this certification and the certification body will perform the certification within the scope of acceptance of the Application. I am bound by this application to meet the certification requirements and to provide the auditors with personal safety means, enable them access to persons, documents, data, records, information and places necessary for the management system audit and to ensure permission of the audited organisation to perform the audit, and with access to the above mentioned. Before the audit of the organisation, I shall provide, on the request of the auditor, the necessary information about human and technological resources of the audited organisation, management system manual/document describing the elements of the management system and the interactions of thereof, and the management system documentation for the purpose of preparation of the audit on the premises. I agree with the engagement of CVI suppliers and persons of accreditation bodies in the certification process. I shall I declare that I received and understand Certification Agreement and other contractual documents.

Please, attach to the application

- Manual/documentation describing the management system elements and their interactions
- Copies of valid system certificates
- Sheets for other locations of the organisation

For the certification of OHSMS also:

- Identification of the key hazards and OH&S risks associated with processes, the main hazardous materials used, and any relevant obligations coming from the applicable OH&S legislation.

Please attach necessary information with date and signature if there is not enough space in the form.

Date

Signature of the statutory representative

DECISION ON ACCEPTANCE OF THE APPLICATION FOR MS CERTIFICATION

DO NOT FILL IN – FOR CVI ONLY

Delivered on (date):

IAF codes:

Corrected No of employees ($N1 + N2/2 + N3/3 + N4/2 + N5/4 + N6/6 =$)

RISK LEVEL: ☐ High ☐ Medium ☐ Low ☐ Limited

DECISION: ☐ Accepted ☐ Rejected REASON / COMMENT:

.....

Date of Decision Signature