***This Application Form is intended as a self-description of your company. This questionnaire helps us to estimate the scope and resulting effort involved in the performance of a certification.***

**General Business Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Legal Name |  | | | | | |
| Trading Name (if applicable) |  | | | | | |
| Address (H.O.) |  | | | | | |
| Company Registration No. |  | | | | | |
| Phone |  | | Fax | |  | |
| Company Website |  | | | | | |
| **Contact Person Details** | | | | | | |
| Name |  | | | | | |
| Designation |  | | | | | |
| Phone No./Mobile |  | | | | | |
| E-mail |  | | | | | |
|  | | | | | | |
| Relationships with other Corporations (Parent Company etc) |  | | | | | |
| Do you out source or contract any of your activities? If so please detail |  | | | | | |
| Detail any Applicable Legislation and/or standard(s) you work to |  | | | | | |
| \*Any Ongoing Issue pending decision by Local / Regulatory / Statutory Authority which has an impact to the nature of business. |  | **No** | |  | | **Yes** |
| If yes, Please Specify |  | | | | | |
| **What would you like to appear on your certificate? (This is the scope of the certificate)** | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Key Processes and Activities your company performs**  **(i.e. purchase/store/production etc.)** | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |

**Staffs and Sites Specific Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Number of Employees** | **Full Time** | **Part Time** | **Number of Employees engaged in identical or similar activities** |
| **--** | **--** | **--** | **--** |
| Do you use contractors or sub-contractors? If so please detail: |  | | |
| **Site/Facility** | | | |
| If more than one office location please detail number of employees at each location and the activity being performed at each location *(This is only required if you want these sites certified):* | | | |
| Do you run shifts? If so, please give employee breakdown and types of work carried out for each shift: | | | |
| If you operate on temporary sites (non-permanent/Construction Sites), please detail typical number of sites, number of employees and activities being performed: | | | |
| **Site / Facility/ Office (please continue on separate sheets for additional sites)** | | | |
| Approx size of office facility (sq ft or sq metres): | | | |
| Please provide a basic description of the office facility(ies) (include details of any contaminated land, nearby residential or recreational areas, bodies of water, sensitive areas, yard areas, car parking, storage etc): | | | |

**Additional Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Application** | **New** | | |  | **Renew** | | | |  | | **Transfer** | |  | |
| **Any Changes in Certificate(s)** (i.e. *Extensions to scope, Address change or addition, others*) | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Applicable Certification Programme** | **ISO 9001** | | |  | **ISO 14001** | | | |  | | **OHSAS 18001** | |  | |
| **ISO 45001** | | |  | **ISO 21001** | | | |  | | **ISO 22000** | |  | |
| **ISO 27001** | | |  | **Any Other Standard** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | |
| **In the case of several certification programmes, would you like the audits to be combined or carried out separately?** | **Combined** | | | | |  | **Separate** | | | | | |  | |
| If combined, specify the combination required |  | | | | | | | | | | | | | |
| **Integrated Management Systems**  If you are applying for certification to more than one standard, please detail the level of integration of the following areas (strike through OR Remove any areas that are not integrated) | **- Documentation (manual, policies, procedures etc.);** **- Management Reviews;** **- Internal Audits;** **- Policy and Objectives;** **- Operational Processes;** **- Improvement Mechanisms (corrective and preventive actions; measurement and continual improvement)****- System Support & Responsibilities.** | | | | | | | | | | | | | |
| **Have You A Specific Programme/Time schedule for Achieving Certification?** |  | | | | | | | | | | | | | |
| Have you called on the services of a consultant? |  | | **No** | | | | |  | | | | **Yes** | | |
| If yes, please specify Name & Contact No. |  | | | | | | | | | | | | | |
| Is the documented system (Procedures, W.I., Forms/Formats etc.) has been implemented for a period of at least three months followed by at least one internal audit and a management review? | **No** |  | | | | **Yes – Describe** | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| If yes, give the dates of Internal Audit and Management Review. |  | | | | | | | | | | | | |
| **\*Transferring Certification from another Certification Body** | | | | | | | | | | | | | | |
| Who are you currently certified by? |  | | | | | | | | | | | | | |
| Why do you wish to transfer? |  | | | | | | | | | | | | | |
| How many visits per year does your existing Certification Body perform? How many days per visit? |  | | | | | | | | | | | | | |
| What was the last date you were audited by your Certification Body? |  | | | | | | | | | | | | | |
| Were there any major non-conformances during your last audit? |  | | | | | | | | | | | | | |
| Do you have any outstanding non-conformances from previous audits? |  | | | | | | | | | | | | | |
| **\*Please Include:** • Copy of all previous audit reports (up to 3 years)  • Copy of your current certificate(s) | | | | | | | | | | | | | | |

**Standard(s) Specific Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality Management System** | **ISO 9001:2015** | | | | | | | | | |  | | | | | | |
| Is there any process outsourced that affects product conformity? | **No** | |  | | | **Yes – Describe** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| If yes, give the name of the outsourced process |  | | | | | | | | | | | | | | | | |
| Exclusions, if any? | **No** | |  | | | **Yes – Describe** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Environmental Management Systems** | **ISO 14001:2015** | | | | | | | | |  | | | | | | | |
| Is a Register of Significant Environment aspect/impacts available? | **No** | | | | | | |  | | **Yes** | | | | | | |  |
| What are the Environmental Laws/Acts applicable to your organization? Please list them. |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Occupational Health & Safety Management System** | **ISO 45001:2018** | | | | | | | | | | | | | | |  | |
| Detail of applicable OHS related legal requirements |  | | | | | | | | | | | | | | | | |
| Do you have any OH&S risks which require regulatory requirements? | **No** | | |  | | | **Yes** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Are Site Plans (including drainage system) available for the site? | **No** | | |  | | | **Yes** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Details of Waste Management activities for the site |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Food Safety Management System** |  | | | | **ISO 22000:2005** | | | | | | |  | | | **ISO 22000:2018** | | |
| HACCP (Hazard analysis) implementation or Study conducted? |  | | | | | | | | | | | | | | | | |
| Products/Process groups/HACCP studies  Please describe and number the amount of HACCP Studies you have: Meaning; number of Hazard analysis for a family of products/services with similar hazards and similar production technology and, where relevant, similar storage technology (ISO/TS 22003:2013). |  | | | | | | | | | | | | | | | | |
| How many sites is your company managing at the same time? |  | | | | | | | | | | | | | | | | |
| How many process/production lines?  Please state how many different process/production lines you have and describe the type of process/production done per line in summary. (E.g. 2 – 1 is for washing and packing of apples, 2 is for packing different types of fruits in a combination pack) |  | | | | | | | | | | | | | | | | |
| Identification of CCPs/PRPs/OPRPs? |  | | | | | | | | | | | | | | | | |
| Are any of your operations Seasonal? |  | | | | | | | | | | | | | | | | |
| Applicable Regulatory & Statutory Requirements? |  | | | | | | | | | | | | | | | | |
| Any prior audits? |  | | | | | | | | | | | | | | | | |
| If yes then Specify the result of Audit |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Information Security Management System** |  | **ISO/IEC 27001:2013** | | | | | | | | | | |  | **ISO/IEC 27001:2022** | | | |
| **Factors related to business and organization** | | | | | | | | | | | | | | | | | |
| Type(s) of business and regulatory requirements?  \*Critical business sectors are sectors that may affect critical public services that will cause risk to health, security, economy, image and government ability to function that may have a very large negative impact to the country. |  | Organization works in non-critical business sectors and non-regulated sectors\* | | | | | | | | | | | | | | | |
|  | Organization has customers in critical business sectors\* | | | | | | | | | | | | | | | |
|  | Organization works in critical business sectors\* | | | | | | | | | | | | | | | |
| Process and Tasks |  | Standard processes with standard and repetitive tasks; lots of persons doing work under the organization’s control carrying out the same tasks; few products or services | | | | | | | | | | | | | | | |
|  | Standard but non-repetitive processes, with high number of products or services | | | | | | | | | | | | | | | |
|  | Complex processes, high number of products and services, many business units included in the scope of certification (ISMS covers highly complex processes or relatively high number or unique activities) | | | | | | | | | | | | | | | |
| Level of establishment of the Management System? |  | ISMS is already well established and/or other management systems are in place | | | | | | | | | | | | | | | |
|  | Some elements of other management systems are implemented, others not | | | | | | | | | | | | | | | |
|  | No other management system implemented at all, the ISMS is new and not established | | | | | | | | | | | | | | | |
| **Factors related to IT environment** | | | | | | | | | | | | | | | | | |
| IT infrastructure complexity |  | Few or highly standardized IT platforms, servers, operating systems, databases, networks, etc. | | | | | | | | | | | | | | | |
|  | Several different IT platforms, servers, operating systems, databases, networks | | | | | | | | | | | | | | | |
|  | Many different IT platforms, servers, operating systems, databases, networks | | | | | | | | | | | | | | | |
| Dependency on outsourcing and suppliers, including cloud services |  | Little or no dependency on outsourcing or suppliers | | | | | | | | | | | | | | | |
|  | Some dependency on outsourcing or suppliers, related to some but not all-important business activities | | | | | | | | | | | | | | | |
|  | High dependency on outsourcing or suppliers, large impact on important business activities | | | | | | | | | | | | | | | |
| Information System development |  | None or a very limited in-house system/application development | | | | | | | | | | | | | | | |
|  | Some in-house or outsourced system/application development for some important business purposes | | | | | | | | | | | | | | | |
|  | Extensive in-house or outsourced system/application development for important business purposes | | | | | | | | | | | | | | | |
| SOA Version No. |  | | | | | | | | | | | | | | | | |
| Have your Org. done Risk Assessment & Risk Treatment, If yes on which date |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

**Declaration:** We accept the terms and conditions of certification process and agree to abide by the Certification requirements as provided by PCL.

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s Name** | **Designation** | **Client’s Signature** | **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |  | **------------** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(FOR PROLIX CERTIFICATIONS USE ONLY)** | | | | |
| **Can the application be further processed?** |  | **Yes** |  | **No - Describe** |
| (If No) Reason for Non-processing:\_\_\_\_\_\_\_\_\_ | | | | |
| **Reviewed By:** \_\_\_\_\_\_\_\_\_ | **Date:** -------- | | | |
| **Signature:** | | | | |