**By completing this Application you are under no obligation to contract any of our services. No fee is charged by us for this Application. All information contained in this Application is treated as confidential.**

**Please send your signed Application by e-mail to: biuro@isocert.pl or by mail to:**

**ISOCERT sp. z o.o. sp.k., 53-656 Wrocław, ul. Rysia 1a.**

|  |  |  |
| --- | --- | --- |
| **Application registration by ISOCERT** | **Application number** | **Date of registration** |

**I. PART A**

**1. Applying organisation details:**

|  |  |
| --- | --- |
| Organisation name |  |
| Taxpayer identification number (NIP) |  |
| E-mail |  |
| Website |  |
| Telephone |  |
| Registered address |  |
| Person in charge of management system | Name and surname |  |
| Telephone |  |
| E-mail |  |

 **1.1 Employment details**

|  |
| --- |
| Employment structure |
| Headquarters | Address: |
| Number of employees\*: | Full-time equivalents (FTEs):  |
| In case of shift work, please indicate the number of employees\* on each shift (FTEs) |
| 1st shift | 2nd shift | 3rd shift |
|  |  |  |

\*all types of employment: employment contracts, contracts, contracts of mandate (*umowy zlecenia*), contracts for specific task (*umowy o dzieło*), etc.

**1.2 Employment at locations details:**

*Please complete the table below regarding Employment structure if the company has a permanent branch outside the central function (point 1.1). If there are more permanent branches, please copy the Employment structure table and provide data for each location separately.*

|  |
| --- |
| Employment structure |
| Location no. 1 | Address: |
| Number of employees\*: | Full-time equivalents (FTEs):  |
| In case of shift work, please indicate the number of employees\* on each shift (FTEs) |
| 1st shift | 2nd shift | 3rd shift |
|  |  |  |

\* all types of employment: employment contracts, contracts, contracts of mandate (*umowy zlecenia*), contracts for specific task (*umowy o dzieło*) etc.

|  |
| --- |
| Does the organization provide products or services in temporary locations (temporary location - these are locations not defined as permanent location, where organization performs specific work or provides services within a limited period of time)? |
|  | NO |
|  | YES, please specify the number of temporary locations: ………………………………………… |
| Are there similar processes conducted in these locations: |
|  | YES |
|  | NO, please describe processes conducted in each temporary:……………… |

|  |
| --- |
| Where are management processes conducted *(human resources, accounting, etc.)* |
|  | Only in headquarters |  | In headquarters and in branches |

|  |
| --- |
| Does your entire organisation have a single management system?(a single management system may meet requirements of several standards on management systems) |
|  | NO |
|  | YES |

**2. Personnel details**

|  |
| --- |
| Do members of your personnel include any employees who perform their duties outside your headquarters (salesmen, drivers, security staff performing their duties at customer facilities, etc.)? |
|  | NO |
|  | YES, please list all positions and the number of such employees (FTEs): ……… |
| Does a substantial part of your personnel work in a similar simple role? |
|  | NO |
|  | YES, please briefly describe how many employees work in a specific role (cleaners – 10 FTEs, assembly line workers – 20 FTEs, etc.): ……… |
| In case of shift work, are identical activities carried out on each shift? |
|  YES – ……… NO – ………  |

**3. Your organisation is applying for:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Management system certification |  | Change of the scope of management system certification |
|  | Transfer of management system certification |  | Other: *for example change of address* |
|  | Other, please specify\*: |  | Other, please specify\*: |

*\*for example change to a new edition of a standard*

**4. Reference standard:**

|  |  |
| --- | --- |
|  | Standard: |
|  | ISO 9001:2015 (QMS) |
|  | ISO 14001:2015 (EMS) |
|  | OHSAS 18001:2007 (OHSAS) |
|  | ISO/IEC 45001:2018 (OHS) |
|  | EN ISO/IEC 27001:2017 (ISMS) |
|  | Other, please specify\*: |

**4.1 When was the system implemented in your organisation:** ……………………

**4.2. In case of two or more management systems, please indicate the level of integration:**

|  |  |  |
| --- | --- | --- |
| **Is your organisation applying:** | **Yes** | **No** |
| integrated system documentation? |  |  |
| integrated approach to internal audits?  |  |  |
| integrated approach to policy and goals?  |  |  |
| integrated approach to management reviews?  |  |  |
| integrated approach to improvement mechanisms (corrective and improving actions)?  |  |  |
| integrated approach to system processes? |  |  |
| integrated support and management accountability? |  |  |

**5. Information on transfer of management system certification:** *(please complete only if you apply for a transfer of management system certification)*

|  |  |
| --- | --- |
| Current certificate issued by: |  |
| Certificate number: |  |
| Certificate valid until: |  |
| Why are you applying for certification transfer: |  |
| Stage in current certification cycle |  | Re-certification audit |
|  | 1st surveillance audit |
|  | 2nd surveillance audit |

**6. Scope of management system covered by certification that will be visible on the certificate** *(general construction services; manufacture of chipboard furniture; long-term nursing care, etc.)*

*(if the scope is different for different locations, please indicate so)*

|  |  |
| --- | --- |
| Headquarters – scope of certification: |  |
| Location 1 – scope of certification: |  |
| Location 2 – scope of certification: |  |

 **7. Classification of business activities covered by certification (NACE code):**

|  |
| --- |
|  |

**8. Outsourced processes covered by the scope of certification:**

|  |
| --- |
| Does your organisation outsource any processes which may affect compliance with requirements? |
|  | NO |
|  | YES, please list: |

**9. Technical resources, roles and relationships etc. within your corporation or any other relevant aspects of your company operations**

|  |
| --- |
|  |

**10. Legal requirements:**

|  |
| --- |
| Is your organisation obliged to follow any legal requirements other than general legal requirements? *(in relation to a certified system)* |
|  | NO |
|  | YES, please list: ……… |

**11. Confidential or sensitive data:**

|  |
| --- |
| Does your organisation have any records which cannot be made available for inspection by the audit team due to their confidential or sensitive nature: |
|  | NO |
|  | YES, please describe: ……… |

**12. Factors applying to your organisation:**

|  |
| --- |
| Are there any sections of the certified standard that do not apply (formerly exclusions) |
|  | NOT APPLICABLE |
|  | YES, please list: ………… |
| Does your organisation already have other certified management system *(The organization is already certified or recognized in accordance with a third party program - e.g. another certification body or is subject to periodic audits conducted by a national authority as part of the mandatory government health and safety program)* |
|  | NO  |
|  | YES, please state conformity standards that the system is certified to: ……… |
|  |
| Information on your organisation *(please put an ‘X’ as applicable)* |
|  | Complicated logistic situation – the audited processes are conducted in many buildings located far away from each other *(for example production halls located far away from administration buildings, necessity to move between buildings)* |
|  | Personnel speaking several languages and/or documentation prepared in more than one language |
|  | The facility area relative to the number of employees is very large *(for example woodland)* |
|  | Activities requiring visitation of temporary branches in order to verify activities in the permanent branch whose system is subject to certification |
|  | Systems covering very complex processes or a relatively large number of non-standard activities |
|  | Small premises size relative to the number of employees (for example only an office complex) |
|  | High level of process automation *(activities are automated and repeatable)* |

**13. Did you use any consultants of your system during last 2 years?**

|  |  |
| --- | --- |
|  | NO |
|  | YES, please state the name of the consulting company and the name of the consultant: ………………………………………… |

**14. Are attachments attached to the application?**

|  |  |
| --- | --- |
|  | NO |
|  | YES, please list them:…………………………………….. |

**II. PART B**

**(only for systems: ISO 14001:2015; BS OHSAS 18001:2007 / ISO 45001:2018; PN-EN ISO/IEC 27001:2017)**

**Depending on the Management System subject to certification, complete the appropriate table and remove all the other tables that do not apply.**

|  |
| --- |
| **INFORMATION ON OHSAS/OHS** |
| Please list **key hazards and health and safety risks** associated with the processes, with an indication of what location they relate to: |  |
| Please list **the most important hazardous materials** used in these processes, indicating the location of the hazardous materials: |  |
| Please list **any relevant legal obligations** arising from the applicable health and safety legislation, indicating the location of the applicable: |  |
| In the period since the last audit / termination of the implementation of the system in your organization, has there been a serious incident or a breach of the regulations that would require the involvement of a competent regulatory body? |
|  | No |
|  | Yes, please list: |
| Please indicate the differences in the activities of each branch (eg differences in technology, equipment, amount of hazardous materials used and stored, work environment, premises, etc.). *(applies to Organizations with more than one location)* |
|  |
| Will there be a large number of companies (sub) contractors and their employees during the audit, resulting in increased complexity or risks for health and safety (eg periodic shutdowns or technological stoppages of refineries, chemical plants, steel mills and other large industrial complexes)? *(if yes, please state the number of these companies together with the number of their employees and specify what activities they carry out)* |
|  | No |
|  | Yes, please list: |
| Organization Information *(please tick 'x' if applicable)* |
|  | Incidence and incidence of occupational diseases in your Organization is higher than the average for a given sector of economic activity |
|  | The presence of bystanders in the Organization (e.g. hospitals, schools, airports, ports, train stations, public transport) |
|  | Legal proceedings against the Organization in a matter concerning OHS |
|  | The presence of hazardous substances in quantities exposing the plant to the risk of major industrial accident |

|  |
| --- |
| **INFORMATION ON ISO 14001:2015** |
| **List of environmental aspects:***(please list key environmental aspects that apply to your organisation)* |  |
| **List of environmental permits:** |  |
| **Factors related to your location** *(for example location close to forest, marsh, settlements)* |  |
| If YES, put an ‘X’ as applicable |
|  | Increased sensitivity to environmental issues compared to typical industries |
|  | Additional/extraordinary environmental aspects for the industry corresponding to your organisation |
|  | Risk of environmental accidents and environmental impact occurring or likely to occur as a consequence of incidents, accidents and potential emergencies, previous environmental problems to which the organization contributed. |

| **INFORMATION ON ISMS** |
| --- |
| Has the Organization documented the implemented ISMS in accordance with ISO/IEC 27001? | YES |  | NO |  |
| Does the organization have a Statement of Applicability? | YES |  | NO |  |
| Date and number of Statement of Applicability |  |
| Exclusions from attachment A of Statement of Applicability |  |
| A large number of standards and regulations applicable in ISMS? | YES |  | NO |  |
| All locations operate within the same ISMS, which is centrally administered and audited, and subjected to a central management review? | YES |  | NO |  |
| All locations are included in the ISMS management review program? | YES |  | NO |  |
| All locations are included in the ISMS internal audit program? | YES |  | NO |  |
| Has a significant risk been defined in the Organization? | YES |  | NO |  |
| Number of locations covered by significant risk: ………..  |
| The number of backup locations and disaster recovery locations |
|  | Low availability requirements, no alternative locations or one disaster recovery center (DR) |
|  | Medium / high accessibility requirements and none or one DR |
|  | High accessibility (e.g. services 24/7) i few DR |
|  |
| The criticality of business sectors |
|  | The organization operates in a non-critical business sector and an unregulated sector |
|  | The organization has clients in the critical business sector |
|  | The organization operates in the critical business sector |
| Processes and tasks |
|  | Standard processes with standard and repetitive tasks, many people working under the control of the Organization perform the same tasks; several products and services |
|  | Standard but unique processes with a large number of products and services |
|  | Complex processes, a large number of products and services, many business units included in the scope of certification (ISMS includes very complex processes or a relatively large number of unique activities)  |
| The level of system establishment |
|  | ISMS is already fully set up and / or operates in the Organization with a different management system |
|  | Some elements of other management systems are implemented, others are not |
|  | No other management system is implemented, ISMS is new and not fully established |
| The complexity of the infrastructure |
|  | Few or highly standardized IT platforms, operating system, databases, networks, etc. |
|  | Few different platforms, operating system, databases, networks, etc. |
|  | Lot of different platforms, operating system, databases, networks, etc. |
| Dependency on outsourcing and suppliers, including cloud services |
|  | Lack or small dependence on outsourcing or from suppliers |
|  | Some dependence on external processing or suppliers, associated with some, but not all, important business activities |
|  | High dependence on external processing or suppliers, great impact on important business activities |
| Development of information systems |
|  | There are no systems / applications in the Organization or very poorly developed systems / applications in the Organization |
|  | Development of systems / applications to a small extent, in the Organization or outsourced, for the implementation of some important business goals |
|  | System / application development in a wide range, in the Organization or outsourced, for the implementation of important business goals |

**III. PART C**

**Data authorisation**

|  |  |
| --- | --- |
| Name and surname of person completing the form | Title |
|       |       |

Date and signature: …………………………………………

**IV. PART D – to be completed by the certifying unit**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASED ON A REVIEW OF THE APPLICATION, IT HAS BEEN DETERMINED THAT:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **NOTES** |
| information about the applying organisation and its management system are sufficient to carry out certification | **□** | **□** |  |
| the applying organisation has been provided with certification requirements | **□** | **□** |  |
| all differences in the understanding of any possible issues between ISOCERT and the applying organisation have been resolved | **□** | **□** |  |
| ISOCERT is competent and capable of carrying out certification | **□** | **□** |  |
| ISOCERT considered the scope of the certification applied for by the applying organisation, the location of the business operations of the applying organisation, the time necessary for conducting an audit, and all other aspects affecting the certification activities (language, safety conditions, impartiality risks, etc.) | **□** | **□** |  |

**The following EA code has been defined:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 | □ 10 |
| □ 11 | □ 12 | □ 13 | □ 14 | □ 15 | □ 16 | □ 17a | □ 17b | □ 18 | □ 19 |
| □ 20 | □ 21 | □ 22 | □ 23 | □ 24 | □ 25 | □ 26 | □ 27 | □ 28 | □ 29a |
| □ 29b | □ 30 | □ 31 | □ 32 | □ 33 | □ 34 | □ 35 | □ 36 | □ 37 | □ 38 |
| □ 39a | □ 39b |  |  |  |  |  |  |  |  |

**The following EMS (EM) area has been defined:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □0 | □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 |
| □ 10 | □ 11 | □ 12 | □ 13 | □ 14 | □ 15 | □ 16 | □ 17 | □ 18 | □ 19 |
| □ 20 | □ 21 | □ 22 | □ 23 | □ 24 | □ 25 | □ 26 | □ 27 | □ 28 | □ 29 |
| □ 30 | □ 31 | □ 32 | □ 33 | □ 34 | □ 35 | □ 36 | □ 37 | □ 38 | □ 39 |
| □ 40 |  |  |  |  |  |  |  |  |  |

**Określono obszar BHP (SM):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| □ 1 | □ 2 | □ 3 | □ 4 | □ 5 | □ 6 | □ 7 | □ 8 | □ 9 | □ 10 |
| □ 11 | □ 12 | □ 13 |  |

**ISOCERT HAS ACCREDITATION IN THE ABOVE AREAS:**

|  |  |  |
| --- | --- | --- |
| □ YES | □ NO | □ NOTES: |

**DECISION:** **Certification of the applicant:****□ is possible □ is not possibleJustification (if certification cannot be carried out):** |
| Application verified by: | Date and signature |