**Certification Services Request Form**

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| Organization's Name: | | |  | | |
| Managing Director Mobile Number | |  | CEO Name | |  |
| Representative Mobile Number | |  | Management Representative Name | |  |
| Quality Manager Mobile Number | |  | Quality Manager Name | |  |
| Main Office Address: | | | | | |
| Operational Site Address: | | | | | |
| (National ID) |  | | (Registration Number) |  | |
| (Economic Code) |  | | (Postal Code) |  | |
| (Fax) |  | | (Tel) |  | |
| (Email) |  | | (Website) |  | |

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| Main Product or Service (Scope): |
| Standards required for auditing and certification:    **ISO 9001  ISO 10002  ISO 10004  5S**  **ISO 22000  ISO FSSC 22000  HACCP  SFBB**  **ISO 14001  HSE–MS  GMP  ISO 22716**  **ISO 45001  ISO 45003  ISO 3834  ISO 26000**  **ISO 27001  ISO 20000  ISO 30401  ISO 56002**  **ISO 50001  ISO 37001  ISO 22301  ISO 41001**  **ISO 21001  ISO 30405  ISO 304O8  ISO 30409**  **ISO 30414  ISO 31000  ISO 21500  ISO 37301**  **ISO 39001  CE Marking  ISO 18295  ISO 10688**  Other Standards: |

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| Number of personnel affecting the scope of the requested management system: …………………. | | | | | | | | | | |
|  | Management |  | Production |  | | Design |  | | Administration | Number of personnel by |
| If your organization operates in multiple shifts, complete the following table:   |  |  |  |  | | --- | --- | --- | --- | | 3 | 2 | 1 | Shift | |  |  |  | Total number of personnel per shift | |  |  |  | Total number of personnel affecting the scope of coverage per shift | |  |  |  | Total number of contractor personnel per shift |   Number of seasonal employees (if applicable, state the number of employees per season): | | | | | | | | | | |
| :Current system status  ☐ Completely deployed  ☐ In the process of deploying  ☐Not yet deployed  ☐Needs guidance | | | | | Is the system implemented in an integrated manner? (IMS)  No  Yes  Description: | | | | | |
| Current Management Systems Certification: | | | | | Certifying Company: | | | certificate Expiration Date: | | |
| Main production/service processes: (e.g. from receiving incoming materials to storing the finished product)  Preferably in the form of a Flow Diagram. | | | | | | | | | | |

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| Raw materials used: |
| Names of major customers and suppliers: |
| Does your organization perform any of its activities at the customer's premises? Please explain. |
| Is part of the organization's activity outsourced? (Out Source) |
| Has your organization excluded any clauses from the standard? Please write the clause number and the reason for it. |
| Does your organization carry out part of its activities at the customer's location? Please explain. |
| Are your products/services subject to legal requirements? If the answer is yes, please explain.. |
| :How to get to know D.A.S    Google Search ☐ Website ☐ Consultant ☐ Quality Managers ☐ Advertising ☐ Other Employees ☐ D.A.S Customers ☐ Seminars ☐ Training Courses ☐ Previous acquaintances ☐ University ☐ Partner Companies ☐  Your customers ☐ Your Suppliers ☐  : Other |

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|  | Consultant mobile number |  | Name of the consultant organization/individual |
| Regulator information:   |  |  |  |  | | --- | --- | --- | --- | | Name and surname | Position | Date | Signature | |  |  |  |  | | | | |
| Your proposed date for the audit: | | | |

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| If you have applied for ISO 22000, FSSC or HACCP certification, please complete this form. | | | |
|  | Number of production lines: |  | Number of products: |
|  | Number of production halls: |  | Number of HACCP plans: |
|  | Number of manufacturing licenses: |  | PRPS score: |

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| If you have applied for ISO 14001, ISO 45001 or HSE certification, Complete this form. | | | |
| Identify your organization's environmental impacts. | | Identify the occupational hazards in your organization. | |
|  | Water discharge |  | Air emissions |
|  | Water supply |  | Air quality |
|  | Sea quality |  | Noise emissions |
|  | Surface water |  | Vibration |
|  | Waste control |  | Drinking water quality |
|  | Land pollution |  | Lighting |
|  | Soil quality |  | Manual labor |
|  | Resource use |  | Lifting equipment |
|  | Life cycle |  | Working at heights |
|  | Noise |  | Working with chemicals |
|  | Landscapes |  | Waste disposal |
|  | Land use |  | Biohazards |
|  | Transportation |  | Hazards of sharp objects |
|  | Odor |  | Hazards from neighbors |
|  | Electricity |  | Ergonomics |
|  | Gas |  | Asbestosis (asbestos) |
|  | Oil |  | Psychology |
|  | Raw materials |  | Electromagnetism |
|  |  |  | Social and communication |
|  |  |  | Economy |
|  |  |  | Harm and annoyance |
|  |  |  | Public health |
|  |  |  | Emergency services |
|  |  |  | Health protection |
|  |  |  | Lifting equipment |
|  |  |  | Working with electrical equipment |
|  |  |  | Working with gases |
|  |  |  | Working with coal |

Name and date: