

Certification Services Request Form

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)	

Main Product or Service (Scope):

Standards required for auditing and certification:

- | | | | |
|------------------------------------|---|------------------------------------|------------------------------------|
| ISO 9001 <input type="checkbox"/> | ISO 10002 <input type="checkbox"/> | ISO 10004 <input type="checkbox"/> | 5S <input type="checkbox"/> |
| ISO 22000 <input type="checkbox"/> | ISO FSSC 22000 <input type="checkbox"/> | HACCP <input type="checkbox"/> | SFBB <input type="checkbox"/> |
| ISO 14001 <input type="checkbox"/> | HSE-MS <input type="checkbox"/> | GMP <input type="checkbox"/> | ISO 22716 <input type="checkbox"/> |
| ISO 45001 <input type="checkbox"/> | ISO 45003 <input type="checkbox"/> | ISO 3834 <input type="checkbox"/> | ISO 26000 <input type="checkbox"/> |
| ISO 27001 <input type="checkbox"/> | ISO 20000 <input type="checkbox"/> | ISO 30401 <input type="checkbox"/> | ISO 56002 <input type="checkbox"/> |
| ISO 50001 <input type="checkbox"/> | ISO 37001 <input type="checkbox"/> | ISO 22301 <input type="checkbox"/> | ISO 41001 <input type="checkbox"/> |
| ISO 21001 <input type="checkbox"/> | ISO 30405 <input type="checkbox"/> | ISO 30408 <input type="checkbox"/> | ISO 30409 <input type="checkbox"/> |
| ISO 30414 <input type="checkbox"/> | ISO 31000 <input type="checkbox"/> | ISO 21500 <input type="checkbox"/> | ISO 37301 <input type="checkbox"/> |
| ISO 39001 <input type="checkbox"/> | CE Marking <input type="checkbox"/> | ISO 18295 <input type="checkbox"/> | ISO 10688 <input type="checkbox"/> |

Other Standards:

Number of personnel affecting the scope of the requested management system:

Number of personnel by	Administration	Design	Production	Management
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If your organization operates in multiple shifts, complete the following table:

Shift	1	2	3
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):

Is the system implemented in an integrated manner? (IMS)

☐ Yes ☐ No

Current system status:

Completely deployed ☐

Description:		In the process of deploying <input type="checkbox"/> Not yet deployed <input type="checkbox"/> Needs guidance <input type="checkbox"/>
certificate Expiration Date:	Certifying Company:	Current Management Systems Certification:
Main production/service processes: (e.g. from receiving incoming materials to storing the finished product) Preferably in the form of a Flow Diagram.		

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:

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

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

PRPS score:

Number of manufacturing licenses:

If you have applied for ISO 14001, ISO 45001 or HSE certification, Complete this form.

Identify the occupational hazards in your organization.		Identify your organization's environmental impacts.	
Air emissions	<input type="checkbox"/>	Water discharge	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	Water supply	<input type="checkbox"/>
Noise emissions	<input type="checkbox"/>	Sea quality	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	Surface water	<input type="checkbox"/>
Drinking water quality	<input type="checkbox"/>	Waste control	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Land pollution	<input type="checkbox"/>
Manual labor	<input type="checkbox"/>	Soil quality	<input type="checkbox"/>
Lifting equipment	<input type="checkbox"/>	Resource use	<input type="checkbox"/>
Working at heights	<input type="checkbox"/>	Life cycle	<input type="checkbox"/>
Working with chemicals	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Waste disposal	<input type="checkbox"/>	Landscapes	<input type="checkbox"/>
Biohazards	<input type="checkbox"/>	Land use	<input type="checkbox"/>
Hazards of sharp objects	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Hazards from neighbors	<input type="checkbox"/>	Odor	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	Electricity	<input type="checkbox"/>
Asbestosis (asbestos)	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Electromagnetism	<input type="checkbox"/>	Raw materials	<input type="checkbox"/>
Social and communication	<input type="checkbox"/>		

Economy	<input type="checkbox"/>		
Harm and annoyance	<input type="checkbox"/>		
Public health	<input type="checkbox"/>		
Emergency services	<input type="checkbox"/>		
Health protection	<input type="checkbox"/>		
Lifting equipment	<input type="checkbox"/>		
Working with electrical equipment	<input type="checkbox"/>		
Working with gases	<input type="checkbox"/>		
Working with coal	<input type="checkbox"/>		

Name and date:

