

ACE QUALITY ASSESSORS



APPLICATION QUESTIONNAIRE FOR MANAGEMENT SYSTEM CERTIFICATION

www.aceqa.in

*Name of Company		
*Postal Address		
Number of Sites Linked & Address(if certification required):		
*Phone	*Fax	
*Email:	*Website	
*Contact Person Name:	*Position:	*Mobile No
*Legal Status of Company: Pvt. Ltd./Public Ltd./Proprietorship/Partnership		
*Statutory & Regulatory Requirements: (Related to the Nature Work & Management System Certification)		
*Service Tax/Excise/TIN:		
*Outsourced Process: (which effects the conformity of the product/service)		

CERTIFICATIONS REQUESTED

Quality Management System ISO 9001:2015 ☐

Is the category “design and development” included in the activities to be certified?

☐ Yes ☐ No

Is there any process that affects product conformity outsourced?

☐ Yes ☐ No

Exclusions if any?

Any legal obligation?

Occupational Health & Safety System OHSMS 45001-2018 ☐

How many sites is your company managing at the same time?

Hazard's Identified?

Please detail any critical occupational health & safety risks identified?

Environmental Management System ISO 14001:2015 ☐

How many sites is your company managing at the same time?

A Register of Significant Environment aspect?

☐ Yes ☐ No

An Environmental Management Manual?

☐ Yes ☐ No

An Internal Environmental Audit Programme?

☐ Yes ☐ No

Has the Internal Environmental Audit Programme been implemented?

☐ Yes ☐ No

Food Safety Management System☐ ISO 22000:2005HACCP implementation or Study conducted ? : ☐ Yes ☐ No

How many sites is your company managing at the same time?

How many process lines?

Any prior audits? ☐ Yes ☐ No

If yes then Specify the result

Any other standards: ISO13485/HACCP/27001/TS16949/CE/GMP/HALAAL/SA8000/Product Certification etc : ☐ Yes ☐ No**CERTIFICATION PROGRAMME REQUESTED**☐ Initial certification☐ Recertification☐ Combination audit☐ Transfer Cum Surveillance

In the case of several certification programmes, would you like the audits to be Combined or carried out separately?

If the answer is yes, please specify which combination :

EMPLOYEES (For multi-site, indicate all sites to be covered under certification)

Site Detail

Staff

Workers (Permanent/ Temporary)

Total No. of Employee :

No. of Shifts :

Scope:

[Please define key processes at your facility?](#)**ADDITIONAL INFORMATION**

➤ Have You A Specific Programme/Timescale For Achieving Registration?

Have you called on the services of a consultant? ☐ Yes / ☐ No

➤ If yes, please specify which one :

Name of Business Associates:-

➤ Is any way Business Associate involved other than marketing?

Declaration: The information provide above is true to the best of our knowledge and Belief.

(Authorized signatory Name, Seal & Signature)

Position

Date

FOR AQA CERTIFICATION USE ONLY:-

REVIEWED BY:

DATE:

Can the application be further processed?