



# OEQ Certification Pvt. Ltd.

## APPLICATION FORM

<b>Date of Application</b>							
<b>Name of the Company</b>							
<b>Address</b>							
<b>Website, Email and Phone number</b>							
<b>No of Sites</b>							
<b>Site Address</b>							
<b>Contact Person Name and Designation</b>							
<b>Legal Status</b>	Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>						
<b>Statutory and Regulatory Requirement</b>							
<b>Accreditation Required</b>	IAS <input type="checkbox"/>						
<b>Certification Scheme</b>	ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/> ISO 22000:2018 <input type="checkbox"/> ISO 27001:2022 <input type="checkbox"/>						
<b>Scope of Certification</b>							
<b>Exclusion if any</b>	<b>Clause</b>	<b>Justification</b>					
<b>Outsourced Process, If any</b>							
<b>No. of Employees</b>	<b>Location</b>	<b>Shifts</b>	<b>Full Time</b>	<b>Part time</b>	<b>Performing Same type of Job</b>	<b>Temporary Unskilled workers</b>	<b>Effective No. of Employees</b>
	Site 1						
	Site 2 (Temporary)						
	TOTAL						
<b>Other Type of Employees (If Any):</b>							
<b>Certification Program Required</b>	Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>			
<b>Combined Audit</b>	In the case of several certification programmes, would you like the audits to be Combined or carried out separately? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, please specify which combination of Standards:						
	Is Internal Audit is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Is MRM is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Is Manual, Procedures are Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Is Implemented System is Integrated: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Is Already Certified for any Standard</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:						
<b>Is Consultants Involved</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:						
<b>Key Business Process Involved</b>							
<b>How To Reach at Site</b>							
<b>Manual Date</b>							
<b>Internal Audit Date</b>							
<b>MRM Date</b>							
<b>Additional Information Required</b>							



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<b>EMS</b>	<p>How many Sites the company is Managing at the same time?</p> <p>Do you have Register of Significant Environment aspect? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have an Environmental Management Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have an Internal Environmental Audit Programme? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the Internal Environmental Audit Programme been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<b>FSMS</b>	<p>HACCP Implementation or Study Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>No of HACCP Studies ..... No of Sites.....</p> <p>No of Process Lines: .....</p> <p>Processing is <input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/></p>				
<b>OHSMS</b>	<p>Hazard's Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Detail any critical occupational health &amp; safety risks identified?</p>				
<b>ISMS</b>	<p>Additional Information Required (Tick one in each box)</p> <p>Critical business sectors are sector that may affect critical public services that will cause risk to health, security, economy, image and governmental ability to function that may have a very large negative impact to country</p>				
<b>Any Confidential Information where Issues of Accessibility is there? {If Any}</b>					
<b>Business and organization Complexity</b>					
Types of Business and regulatory Requirement	<p>1. Organization work in non-critical business sector and non-regulated sector <input type="checkbox"/></p> <p>2. Organization has customer in critical business sector. <input type="checkbox"/></p> <p>Organization works in critical business sector. <input type="checkbox"/></p>				
Process and Task	<p>1. Standard Process with standard and repetitive task i.e., lots of persons doing work under the organization's control carrying out the same tasks, few products or services <input type="checkbox"/></p> <p>2. Standard but not repetitive process with high number of products or services <input type="checkbox"/></p> <p>3. Complex Process, High number of products and services, many business units included in scope of certification <input type="checkbox"/></p>				
Level of establishment of the Management System	<p>1. ISMS is already well established and/or other management system is in place. <input type="checkbox"/></p> <p>2. Some elements of other Management system are implemented, others not <input type="checkbox"/></p> <p>3. No other Management system implemented at all, ISMS is new and not established. <input type="checkbox"/></p>				
<b>IT Environment Complexity</b>					
IT Infrastructure Complexity	<p>1. Few or highly standardized IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/></p> <p>2. Several different IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/></p> <p>3. Many different IT platforms, servers, operating system, database, networks etc. <input type="checkbox"/></p>				
Dependency on outsourcing and suppliers including cloud services	<p>1. Little or no dependency on outsourcing <input type="checkbox"/></p> <p>2. Some dependency on outsourcing or suppliers, related to some but not all-important business activities. <input type="checkbox"/></p> <p>3. High dependencies on outsourcing or supplier, large impact on important business activities. <input type="checkbox"/></p>				
Information System Development	<p>1. Non or very limited in-house system/application development <input type="checkbox"/></p> <p>2. Some in house or outsourced system/application development for some important business purpose <input type="checkbox"/></p> <p>3. Extension in house or outsourced system/application development for important business purpose <input type="checkbox"/></p>				
<b>DECLARATION:</b> The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.					
<b>Name</b>		<b>Designation</b>		<b>Signature</b>	



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## APPLICATION FORM

### OEQ Official Use

Can the Application Proceed for Application Review:  Yes  No

Name of Application reviewer		Signature		Date	
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\*Delete or leave whichever is not applicable