

RIR CERTIFICATION PRIVATE LIMITED



APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

CERTIFICATION	ACCREDITATION – IAS <input type="checkbox"/>	UN ACCREDITED <input type="checkbox"/>
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Management System Standards (Accredited)

<input type="checkbox"/> 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 27001:2013	<input type="checkbox"/> ISO/IEC 20000-1:2018	<input type="checkbox"/> ISO 22301:2019	

Separate Additional details Sheet Applicable for ISO 14001:2015 (part-01.a), OHSAS 18001:2007 (part- 01.b) , ISO 45001:2018,, ISO 22000:2005 (part -01.c), ISO 22000:2018 & Integrated Management System (part -01.d), ISO 13485:2016 (part- 1. F) ISO 27001 (part-1.g), ISO 20000-1:2011/2018, ISO 22301:2012 /2019(part- 01.h Requirements.

NON ACCREDITED

<input type="checkbox"/> HACCP	<input type="checkbox"/> GMP	<input type="checkbox"/> HALAL	<input type="checkbox"/> Other(s),Specify
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COMPANY DETAILS

NOTE: PLEASE PROVIDE COMPLETE DETAILS FOR ITEMS MARKED * IN THE QUESTIONNAIRE)

*Company Name			
Company Address			
Other Address Plant (Work) / Branch/ Site			
*Tel no:		Fax:	
*E-Mail:		Website:	
*Name of contact person		Designation	
*Temporary Project Sites:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If Yes, number of temporary project sites under execution and specify the details:

*LOCATIONS TO BE COVERED UNDER THE SCOPE OF CERTIFICATION

CORPORATE OFFICE / PLANT / BRANCH/ SITE

(Please attach a separate sheet, if required to indicate location of branches and number of personnel in each regional / branch office)

*TYPE OF CERTIFICATION REQUEST:

INITIAL CERTIFICATION RECERTIFICATION TRANSFER CERTIFICATION

CHANGES IN CERTIFICATE SPECIFY THE CHANGES

Please note that details of trade wise number of employees will assist RIR in estimating the audit duration. Hence, please provide accurate details to avoid any potential concerns during the audit. The details shall be reviewed during the audit and onsite audit mandays will be revised accordingly. If any deviations found. You may change the employee's description as applicable to your industry.

Use additional sheets if required to provide below requested information.

Total No of Employees		Top Management	Manager	Office Staff	Production/ Operation Staff	Operators	Technician	WORKER	
Full Time	Part Time							Contractual	Permanent
No. of Shifts		General Shift (Employees)		Shift 1 (Employees)	Shift 2 (Employees)	Shift 3 (Employees)			

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*Are the Manufacturing process (es) same in all shifts? <i>if no, provide the details of operation in each shifts:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Does the Organization utilized consultant service for development of management systems: <i>*if yes, indicate the name of consultant or consultancy organization</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
BUSINESS INFORMATION		
*Details of Products Manufactured or Services Provided: <i>(Please Attach List.)</i>		
*Details of Manufacturing / Service Processes: <i>(Process Flow Chart)</i>		
*Details of Functional Units/ Departments in Organization		
*Applicable Statutory requirements for the Product and / or Service and other legal obligations:		
*Any Ongoing Issue pending decision by Local / Regulatory/ Statutory Authority which has an impact to the nature of business. <i>If yes, Please Specify</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scope of The Management System Requested to be Certified		
*ISO 9001: 2015 Details		
Risk Assessment: Does Risk Assessment cover any of the following and controls defined?		
Risk Assessment have been made? <i>If yes, please Specify:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ANY PROCESSES / CLAUSE NOT APPLICABLE FOR QUALITY MANAGEMENT SYSTEMS <i>If Yes, indicate the clause number(s):</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*PLEASE PROVIDE BRIEF JUSTIFICATION FOR EXCLUSION OR CONSIDERING THE PROCESS AS NOT APPLICABLE: <i>NOTE: (Exclusion or process not applicable claimed will be reviewed during Stage I audit and may be accepted with justification or otherwise</i>		
Do you have any outsource process? <i>If yes, please Specify:</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Declaration: I have read, understood and agree to abide by the standard terms of business "Certification Agreement", which apply to this request.		
*CLIENT AUTHORIZED REPRESENTATIVE NAME/SIGNATURE:	DESIGNATION :	DATE:

The full form can be send by e-mail. The proposal will be send to you after Application assessment. In case of changes in the information above, please refill the form and reapply
www.rircert.com // e-mail: info@rircert.com