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| **1.0 COMPANY DETAILS**  1.1 Name of the Company: ……………………………………………………………………………………………………………………………  Region Town…………………………………………………………. Sub city………………………………………  Street Name (if any) ………………………………………………. House No………………………………………  Any other specific Company location identification information ………………………………………………….. Telephone: ……………………………………………………………. Fax: …………………………………………  Website:…………………………………………………………. E-mail:………………………………………….  Postal address:………………………… …………………………………………………………………………..  Status of the company ……………………………………………………(Private, public, S.C)…………………… Size of the company ………………………………………………………………………… (in annual revenue, after taxes)  1.2 Address of the Main Office, if different from the above…………………………………………………………  Tel………………………………………………………………………………………………………………………… Fax…………………………………………………………………………….  Name of Chief Executive / Managing Director: ……………………………………………………………………… Telephone: ………………………………………………………… Mobile Tel. No: …………………………………  Name of Management Representative: …………………………………. Mobile Tel. No: ……………………….    Date of Establishment of the Company:………………………………………………………………………………  1.3 If your company has several premises (sites) all contributing to the overall scope of certification, please list all such premises (sites), address, number of staff, telephone, fax, and the description of operations carried out at each premise below or describe them on a separate sheet of paper.  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  1.4 Is your company a part of some larger organization? Yes  No  If "Yes", please give the name and address of the holding organization.  Name:……………………………………………………………………………………………………………………  Address: ………………………………………………………………………………………………………………….  1.5 Does your Company have any temporary site(s)? Yes  No  If "Yes", please give the name and address of the site(s) engaged in activities related to your scope. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  1.6 Is your Company currently registered / certified by other certifying authorities, including ECAE Certification Body? Yes  No  If "Yes", please give details:  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  1.7 Does your company operate shifts? Yes  No  If yes, how many?  If the organization operates in shifts, kindly list on a separate sheet, the activities of each shift, number of personnel, the controls in each shift such as the level of supervision and the average number of personnel per shift.  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...  1.8 Please indicate the audit language of your preference. Amharic  English    ***Note: Please enclose copy of registration letter from licensing authority (Ministry of Trade / Ministry of industry) authenticating your status.***  2.0 CERTICATION STANDARDS  2.1 Please choose the certification standard(s) against which certification is required  ISO 9001:  ISO 14001:  ISO 22000:  ISO 45001:  Others: please specify: ………………………………………………………………………………………………  Integrated management system  Specify the standards that are integrated …………………………………………………………………………  Level of integration: Full  Partial  2.2 Does your organization hold any other management system certifications other than that which has been applied for? Yes  No  If Yes specify the type of certification (e.g. ISO 9001 QMS, ISO 14001 EMS, HACCP, ISO 22000 FSMS, ISO 27001, ISO 45001, etc.)  .…………………………………...………………………………………………………………………………………  …………………………………..……………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  2.3 Is your organization transferring certification from another CB to ECAE CD? Yes  No  If Yes please indicate: Management System…………………………Expiry date………………………..  Certification Body (previous)………………………………………………………………………………….  2.4 Has your organization sought the services of a consultant during the development of the management system in question? Yes  No  If yes provide name of consultancy firm, time and person(s) involved in the consultancy  ………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **3.0 BUSINESS DETAILS**  3.1 Describe clearly the scope of your company's activities for which certification is sought and which define your product, process range or service. (Scope refers to products/services or product categories and processes)  *Note: that the description will appear on the certificate*  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………3.2 List the key processes of your company.  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  3.3 List any other products manufactured or services offered for which certification is not being sought. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  3.4 Specify the technical resources in your organization.  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  3.5 Do you have any outsourced process(es)? Yes  No  If yes, please specify which process(es) is (are) outsourced.  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  3.6 List the statutory and regulatory requirements applicable to your organization: \_  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….............................................................................................................................................................................................................................................................................................................................................................  3.7 Additional information for organization applying for Food Safety Management System Certification:  List HACCP studies and the process lines covered under the scope certification is sought  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  3.8 Propose a date for the first assessment visit of your Company to be carried out ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **4.0 DISPOSITION OF STAFF**  4.1 Total no. of full time employees…………………………………………………………………………………………………………….   1. Permanent employees………………………… …………………………………… …………………… 2. Temporary employees …………………………………………………………………………………….   4.2 Total No. of employees whose work effects certification scope: ………………………………………   1. Total Staff in Design and Development (if applicable): …………………………………………….…… 2. Total Staff in manufacturing and/or service activities: …………………………………………………. 3. The number and timing of shifts including number of employees per shift (if applicable) …………… ……………………………………………………………………………………...............   *Note:*  *Do you agree that if any of the information provided above in the registration form is found to be wrong, the application may be rejected forthwith? (Yes/No)*  *The applicant shall submit with this application form, the necessary Manuals and/or Procedures, which provide a description of the quality management system of the company in accordance with the specified requirements of the standard or other normative documents.*  *Size categories of companies as related to number of employees*   1. Small … 1 – 49 2. Medium … 50 – 249 3. Large … 250 and above   Name of authorised representative of the client………………………………………………………………………  Signature …………………………………………………………………………………………………………………  Date ………………………………………………………………………………………………………………………  **5.0 APPLICATION REVIEW**  (For use by the Certification Body)  5.1 Is there any known difference in understanding between ECAE-CD and the applicant?  Yes  No  If yes, what is the difference and has it been resolved? Yes/No  If not yet resolved, specify how and when will it be resolved? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  5.2 Is the information about the applicant organization and its management system sufficient to conduct the audit and develop an audit programme? Yes  No  5.3 Proposed scope (including sites if applicable) as confirmed by the Team Leader based on information provided  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………5.4 Does the certification body have the competence and ability to conduct the certification activity in line with the IAF codes and ISO/TS 22003 as applicable (Give justification)  Yes  No  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  5.5 Decision to undertake the managements system audit as applied for?  Yes  No  Justify (Consider availability of competent auditors/ technical experts; Clients needs and expectations) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  5.6 Name(s) of Proposed auditors and or technical experts  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..  5.7 Auditor time determination (To be undertaken on form OF/CD/2.14)  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  5.8 Are there shifts to be audited and considered in auditor time determination  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  5.9 Is a remote audit feasible and to be considered by ECAE CD for the client?  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..  6.0 **REVIEW FOR EXPANSION / REDUCTION /CHANGE OF SCOPE**  6.1 New scope applied for: ……………………………………………………………………………………………………………………..  6.2 Is the information provided by the client in the application sufficient to consider undertaking certification activities towards extension of scope ………………………..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  6.3 Will an onsite audit be required for the requested extension of scope? (provide a justification)  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  6.4 Does the Certification Body have resources and competence to carry out the certification activity? Yes / No. (Give justification) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..  6.5 Names of proposed auditors and technical experts  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  6.5 Auditor time determination (To be undertaken on form OF/CD/2.14)  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..  6.6 Summary of application review including any threats for impartiality from any personnel involved in the certification activities. ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………  Reviewed by ……………………………………………………………… Signature ……………………………… Date ………………………    Verified by ………………………………………………………………… Signature ……………………………….. Date ………………….. |