

Certification Application

Guidance Notes :

On receipt of this completed questionnaire, IISOSURE Global will prepare and submit an obligation free proposal detailing the assessment, certification, and other related costs.

If you are an existing client applying for an Extension of Scope, please indicate additions only i.e., additional sites, activities etc. in the relevant sections.

Please return via email to: admin@isosureglobal.com

*Proposals Generated will be valid for 90 days from the date of issue.

Please attach the following additional documentation:

- Organisational structure
- Company profile
- CIPC and Tax documents

Organization's Details	
Registered Company Name	
Company Registration Number	
Company Vat Number	
Physical Address	Street name and number, Business Park name
	Town / City
	Suburb
	Country
	Postal Code
Contact Details	Contact person
	Cellphone Number
	Telephone Number
	Email address
	Web Site

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Certification(s) Required: please select a standard/standard											
ISO 9001:2015 Quality Management	ISO 14001:2015 Environmental Management	OHSAS 18001:2007 Health & Safety Management	ISO 45001:2018 Health and Safety Management	Integrated Management System Please specify which standards you have integrated.	ISO 27001:2022 Information Security						
Please advise the consultant if you would like to apply for any of these standards for a more specific questionnaire											
Please indicate if you have implemented a management system									Yes		No
If yes, is the system running longer than 3 months									Yes		No
Please select audit frequency required							Annual Audits			Bi-annual Audits	
Has a management review been conducted?				Yes				No			
				Date(s):							
Have you performed internal audits of the system?				Yes				No			
				Date(s):							
Was an external expert/consultant used to design and establish the system?				Yes				No			
				Details of expert/other (please describe)							
Will any other language other than English be necessary? Please specify				Yes				No			
Will any safety hazards/environmental aspects be encountered?				Yes				No			
Mandatory Information needed to be calculated audit man-days as per IAF (International Accreditation Forum)											
Full Description of Business Scope											
Number of staff	Number of Production/Operation Employees										
	Number of office/admin employees										

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	Number of non-permanent (seasonal, temporary, sub-contractors, contracted personnel) and part time personnel						
Total Number of staff							
Shifts	Does the company operate in shifts?	Yes		No			
	If yes, please indicate how many shifts are applicable?	One shift: Day	Two shifts: Day / Night	Three shifts: Morning / Afternoon / Evening	Other (specify)		
	What is the highest shift employee count?						
Does the company have employees that perform repetitive tasks?		Yes		No			
<ul style="list-style-type: none"> If yes, how many? (Effective number of employees) 							
Is the client sector classified as? Please select the risk		Risk	Low		Med		High

Are some of the activities outsourced:	Yes	No
If yes, List below:		

For Quality Management Systems (ISO 9001) only			
Do you have a documented quality policy in place?	Yes	No	
List the main products/services of the company			
List the main manufacturing/delivery processes of the company in terms of the listed products/services (please supply a process flow chart if available)			

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For Occupational Health and Safety Management Systems (OHSAS 18001 / ISO 45001) only

Do you have a documented occupational health and safety policy in place?	Yes	No
Has a risk assessment been conducted?	Yes	No
Is your sites(s) deeming a Major Hazardous Installation?	Yes	No
% of total employees employed in high-risk areas		Time of exposure?
What is your Accident and Occupational Diseases Rate?		Industry Norm?

Do you perform any of the following activities or are exposed to the mentioned hazards?

Manual Handling	Working at heights/depths	Electrical Plant/Equipment
Steam Boiler/Receivers	Lifting Equipment	Compressed Air
Woodwork	Ionising Radiation	Construction/Building
Abrasive Wheels	Lead/other materials	Pressurised Systems
Noise	Toxic Waste treatment/disposal	Pesticides/Herbicides
Asbestos removal etc.	Liquefied Petroleum Gas (LPG)	Diving
Offshore Operations	Railways	Armaments/Weapons
Food Preparation / Processing	Machine Tools	Agriculture
Docks	Maritime operations	Explosives
Transport of Dangerous Material	Road Haulage	Other:
GM Organisms	Gas/Safety/appliances	

List all regulatory requirements related to the identified hazards

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Multi-Site Certification Application only			
(defined as an organization having an identified central function at which certain activities are planned, controlled or managed and a network of local offices or branches at which such activities are fully or partially carried out)			
Do all sites perform similar processes and activities?	Yes	No	
Is the management system centrally administered, under a centrally controlled plan and subject to central management reviews and internal audits?	Yes	No	
Does the internal audit program cover all sites including HO?	Yes	No	
Is the central/HO function in control of all systems changes as well as all monitoring and improvement processes (including the right to require the sites to implement corrective actions when needed)?	Yes	No	
Do all sites have a legal or contractual link with the central office of the organisation?	Yes	No	
Is there a management representative overall responsible for all sites?	Yes	No	
Please confirm that you have read and are aware of the following multi-site requirements			
When Major nonconformities are found at any individual site, investigation should take place to determine whether the other sites may be affected.	Initial:		
When Major nonconformities are found at any individual site, certification shall be denied to the who network of listed sites pending satisfactory corrective action.	Initial:		
The Central office / HO will be audited every year and the sites sampled during the 3-year cycle. All sites will be covered in the 3-year period.	Initial:		
Please list the permanent sites to be included			
Sites	Physical Address, Province and Postal Code	Number of staff	
Site 2		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
Site 3		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
Site 4		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
<i>More than 4 sites - Please supply details in a separate document. Where sites are based in countries outside of South Africa, please indicate language preferences. Where site processes differ from head office, please indicate on a separate document.</i>			

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Please list the temporary sites to be included			
Sites	Physical Address, Province and Postal Code	Number of staff	
Site 2		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
Site 3		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
Site 4		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
<i>More than 4 sites - Please supply details in a separate document. Where sites are based in countries outside of South Africa, please indicate language preferences. Where site processes differ from head office, please indicate on a separate document.</i>			
Please list the temporary sites to be included			
Sites	Physical Address, Province and Postal Code	Number of staff	
Site 2		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
Site 3		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
Site 4		Total	
		Repetitive tasks (number of tasks)	
		Number on biggest shift	
<i>More than 4 sites - Please supply details in a separate document. Where sites are based in countries outside of South Africa, please indicate language preferences. Where site processes differ from head office, please indicate on a separate document.</i>			

Existing Certification, Transfer of Certification, Extension to scope				
Existing certification	Does your company already have third party certification?	Yes		No
	Name of current certification body			
	Date of last audit			
	Date of certification			
Transfer of current certification	Would you like to transfer your current certification cycle	Yes		No

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	For a transfer, please attach a copy of your current valid certificate as well as a copy of all your current certification cycle audit reports; all non-conformances must be closed.	
Extension to scope	Please select below:	
	New site, change of physical address or scope adjustment	<input type="checkbox"/>
	New processes introduced into the company's scope	<input type="checkbox"/>
	Please specify:	
	Additional staff members	<input type="checkbox"/>

Name of person who completed this questionnaire: _____

Signature: _____

Date: _____

For office use only:			
	Yes	No	
Application accepted	<input type="checkbox"/>	<input type="checkbox"/>	If No, state reason:
Recommended scope of certification	_____		
Name of Sales Consultant	_____		
Signature	_____		
Date	_____		