



Company Data

Application for Management System Certification

Aspirata Certification Document

Please complete all sections in **BLOCK LETTERS**.

- For ISO 14001 applications, also complete and attach F13 C Additional Data
- For ISO 45001 applications, also complete and attach F13 D Additional Data

| Organisation Information | |
|------------------------------------|--|
| Company Registered Name: | |
| Company Trading Name: | |
| Management Representative at Site: | Name: Position: Phone: Email: |
| Company MD / CEO: | |
| Physical Address: | City: Postal Code: Country: |
| Postal Address: | City: Postal Code: Country: |
| VAT Number: | |
| Company Registration No: | |
| Website: | |
| Contact for Accounts Payable: | Name: Position: Phone: Email: |
| Scheme(s) applied for: | <input type="checkbox"/> FSSC 22000 vs 5.1 <input type="checkbox"/> FSSC 22000-Quality <input type="checkbox"/> ISO 22000:2018 <input type="checkbox"/> HACCP (SANS 10330) <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 |
| Type of audit required: | <input type="checkbox"/> New certification <input type="checkbox"/> Surveillance 1 <input type="checkbox"/> Surveillance 2 <input type="checkbox"/> Recertification <input type="checkbox"/> Transfer* <input type="checkbox"/> Transition |
| Last audit date(s): | Click or tap to enter a date. <small>*For transfers, please provide a copy of your current certificate and last 3 audit reports</small> |



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Site Information

| | | |
|---|---|---|
| Number of sites, including central office: | | |
| Number of off-site storage facilities: | | |
| Number of temporary sites: | | |
| Main Site: (Where audit will take place) | Address: | |
| | City: Postal Code: | |
| | Country: | |
| | Contact Name: | |
| | Phone: | |
| | Email: | |
| | No of employees: Size of facility (m²): | |
| | No of shifts: Employees per shift: | |
| Additional Sites: (1) (Please attach details if more than 2 additional sites) | Address: | |
| | City: Postal Code: | |
| | Country: | |
| | Contact Name: | |
| | Phone: | |
| | Email: | |
| | No of employees: Size of facility (m²): | |
| | No of shifts: Employees per shift: | |
| | (2) | Address: |
| | | City: Postal Code: |
| | | Country: |
| | | Contact Name: |
| | | Phone: |
| | | Email: |
| | | No of employees: Size of facility (m²): |
| | | No of shifts: Employees per shift: |
| Exceptional features/ remarks: | | |



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Management Systems Information

| | | | |
|---|--|--|----------------|
| Do you currently have any certified management systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: | | |
| | Certification Body | Standard | Certificate No |
| Maturity of Management System | Readiness for certification: <input type="checkbox"/> 1 = heard about it <input type="checkbox"/> 2 = just started preparing <input type="checkbox"/> 3 = person trained <input type="checkbox"/> 4 = 0-50% of docs prepared <input type="checkbox"/> 5 = 50 – 70% of docs prepared <input type="checkbox"/> 6 = 70%+ of docs prepared <input type="checkbox"/> 7 = manuals completed | | |
| When do you expect the management system to be ready for the first audit? | | | |
| Is your management system integrated? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify level of integration as a %: (refer to documents, management system elements and responsibilities) | | |
| | Please provide information on the ability of personnel (at the time of the audit) to respond to questions relating to each management system standard covered by the integrated audit: | | |
| Are you using a consultant to develop your management system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide consultant's name and contact information: | | |
| Is your management system documented? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Language of documented system: | | | |
| Have you conducted internal audits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of most recent internal audit: | |
| Have you conducted a management review? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of most recent management review: | |
| Regulatory requirements to be considered: | | | |
| Provide a summary of quality related issues and customer complaints since the last audit: | | | |
| Describe the continuous improvement methods that | | | |



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| | | | |
|--|--|--------------------------|--|
| your organisation has implemented: Are the results available? | | | |
| Food Safety Management Systems only: HACCP studies completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of HACCP studies: | |
| Food Safety Management Systems only: PRP's identified? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please specify: | |

| General Business Information | |
|---|---|
| <i>For multi-sites, please identify specific site activities – copy and then attach additional pages if required.</i> | |
| List the range of products and/or services your organisation provides: | |
| Is production influenced by product seasonality? <small>(Note if products cannot be assessed at the audit they may need to be excluded from the scope)</small> | |
| Describe your clientele/ customers' business sectors: | |
| List the main functions within your organisation: <small>(e.g. design, production, management, sales)</small> | |
| Describe your process design/development function: | |
| List the core processes within your organisation and the main technologies used: <small>(e.g. assembly, machining, consulting, servicing)</small> | |
| Are any processes outsourced? <small>(Outsourced processing is where an intermediate production process or step in the manufacture of a product is completed at another company or site and the product returns to the site for final processing/ packing)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify details: |
| Does your business conduct, or is it responsible for, the design of services/products supplied to the customer? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify examples of the complexity and responsibility involved: |
| List the types of equipment used in your organisation: <small>(e.g. computers/printers, lathes, delivery vans, digital scanners, pollution control equipment, scrubbers, analytical equipment, injection moulders etc.)</small> | |



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Please provide details of shift patterns:

| Departments | Shifts | | |
|-----------------------------|-----------|---------|---------|
| | Day Shift | Shift 2 | Shift 3 |
| Quality Assurance | | | |
| Engineering & Site Services | | | |
| Receiving & Stores | | | |
| Manufacturing | | | |
| Packing | | | |
| Warehouse & Distribution | | | |
| Transport | | | |
| Finance & Procurement | | | |
| Human resources | | | |
| Marketing & Sales | | | |
| Security | | | |
| Other | | | |
| Total | | | |

Please provide details of contracted services:

| Contracted Services | Yes | No | |
|---------------------|--------------------------|--------------------------|--|
| Waste Management | <input type="checkbox"/> | <input type="checkbox"/> | |
| Effluent Management | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | |
| Laundry | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cleaning services | <input type="checkbox"/> | <input type="checkbox"/> | |
| Warehousing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Transport | <input type="checkbox"/> | <input type="checkbox"/> | |
| Security | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | |



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Food Safety Management Systems only

Please provide details of HACCP Studies:

(A HACCP study / plan corresponds to a family of products with similar hazards and similar production technology and covers all aspects of the operation from raw material receipt through to product dispatch / delivery)

| Line | Process Lines | List of HACCP Studies | |
|------|---------------|-----------------------|--|
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | | 10 | |
| 11 | | 11 | |



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Terms and Conditions

Please complete prior to submitting application form:

Occupational Health & Safety at your premises:

- There are no industry-specific safety risks or equipment applicable.
- The following Personal Protection Equipment (PPE)/Safety Equipment is required to be supplied by the Auditor:
- We will supply all other PPE
- A safety induction is required for entry into the premises (this time is additional to any audit duration)

Comments:

1. The applicant warrants that the information provided in this application form is correct.
2. The applicant acknowledges that it has received and agrees to abide by the following contractual documents:
 - (a) Aspirata Auditing Testing and Certification (Pty) Ltd Terms and Conditions for Certification, Assessment Services;
 - (b) Certification Procedures relevant to the Certification Services requested (strike out if not applicable); and
 - (c) Terms and Conditions of the Certification Mark Licence (where relevant).
3. The applicant agrees that:
 - (a) when Aspirata Auditing Testing and Certification (Pty) Ltd accepts this application in writing; or
 - (b) if the application is not accepted in writing, when Aspirata Auditing Testing and Certification (Pty) Ltd starts to supply Certification or Assessment Services to the applicant; there is a contract for the supply of Certification or Assessment Services upon the Terms and Conditions of Certification Services, including the applicant's obligation to pay all fees due in respect of the certification services, as calculated in accordance with the agreement reached with Aspirata Auditing Testing and Certification (Pty) Ltd.
4. The applicant agrees that if Aspirata Auditing Testing and Certification (Pty) Ltd issues a certificate and licence to the applicant for the use of any Trade Marks, the applicant will use the Marks in accordance with the Certification Mark Licence Terms.
5. This application remains valid for twelve (12) months from the date at which the application was made, after which period the application will expire.
6. All fees paid are non-refundable.

Signed for and on behalf of applicant:

| | |
|---|----------|
| _____ | _____ |
| Signature of applicant or authorised officer of the applicant | Position |
| _____ | _____ |
| Full name (in BLOCK letters) | Date |

Signed for and on behalf of Aspirata (Pty) Ltd:

| | |
|--|----------|
| _____ | _____ |
| Approved by Certification Manager and signed on behalf of Aspirata Auditing Testing and Certification (Pty) Ltd: | Position |
| _____ | _____ |
| Full name (in BLOCK letters) | Date |

Your Aspirata Certification Contact Person is:

Mr. Jacques Williams | Tel: 071 160 8514 | Email: Jacques.Williams@nosa.co.za