

APPLICATION FORM
Part A – General Information

Company name (English) :			
公司名稱 (中文) :			
Certification address (English) :			
認證地址 (中文) :			
Contact person / title :	Tel:	Fax:	
Email address :	(1)	(2)	
Main business nature :			
Type of certification application :	Initial certification <input type="checkbox"/> Recertification <input type="checkbox"/> Change scope <input type="checkbox"/> Transfer <input type="checkbox"/>		
Standard / Scheme applied :	ISO 9001(QMS) <input type="checkbox"/> ISO 14001(EMS) <input type="checkbox"/> ISO 45001 (OH&S) <input type="checkbox"/> Other (<i>Please specify</i>) <input type="checkbox"/> :		
Integrated management system :	Yes <input type="checkbox"/> (<i>Please select the details of integration</i>)		No <input type="checkbox"/>
	Integrated documentation set		<input type="checkbox"/>
	Management reviews that consider the business strategy		<input type="checkbox"/>
	An integrated approach to internal audits		<input type="checkbox"/>
	An integrated approach to policy and objectives		<input type="checkbox"/>
	An integrated approach to systems processes		<input type="checkbox"/>
	An integrated approach to improvement mechanisms		<input type="checkbox"/>
	Integrated management support and responsibilities		<input type="checkbox"/>
Scope of certification (English) :			
認證範圍 (中文) :			
No. of site to be covered for certification :	site(s)		
No. of temporary sites :	site(s)		
Multi-sites involved in certification :	Yes <input type="checkbox"/> (<i>Please provide multi-site details separately</i>)		No <input type="checkbox"/>
Current certificate granted (if any) :	Expiry date:		
Consultant employed :	Yes <input type="checkbox"/> (<i>Please provide name of the consultant</i>)		No <input type="checkbox"/>
Expected date of certification audit :			
Shift work :	Yes <input type="checkbox"/> (<i>Please state no. of shift work</i>)		no(s) No <input type="checkbox"/>

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Part A – General Information (Cont'd)

Shift work period include in the scope	:	S1. Start	finish	S3. Start	finish
		S2. Start	finish	S4. Start	finish
No. of full-time staff (permanent/contract)	:	no(s)			
No. of part-time staff	:	no(s)	Working hours of part-time staff :	hour(s)	
No. of staff in similar/repetitive process	:	no(s)			
Any seasonal operations	:	Yes <input type="checkbox"/> (<i>Please state the period</i>) :			No <input type="checkbox"/>
Speaking language	:	English / local speaking <input type="checkbox"/>		Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Processes and operation activities	:				
Outsourcing activities / processes	:	Yes <input type="checkbox"/> (<i>Please state details of the outsourced activities</i>)			No <input type="checkbox"/>

Part B – Project List (*Use separate sheet(s) if required*)

No	Project location / Title	Works involved	Contract period (i.e. MM/YY to MM/YY)	Progress of works (% of work completed)

Part C – To be filled for application of ISO 9001 certification only

1. Has your organization received any complaints in the past 3 years?

Yes (*Please provide the details below*) No

2. Any actions taken by the government due to quality issue of your services/products provided in the past 3 years?

Yes (*Please provide the details below*) No

APPLICATION FORM**Part D – To be filled for application of ISO 14001 certification only**

1. Has your organization received any complaints in the past 3 years?

Yes (Please provide the details below)

No

2. Any prosecutions under the Environmental Regulations in your organization in the past 3 years:

Yes (Please provide the details below)

No

3. Any prosecutions pending under the Environmental Regulations in your organization?

Yes (Please provide the details below)

No

4. Please list out (if any) environmental aspects and impacts below:-

	1	2	3	4
Aspect				
Impact				

5. Please list out (if any) other requirements and environmental regulations required to comply?

Part E – To be filled for application of ISO 45001 certification only

1. Has your organization received any complaints in the past 3 years?

Yes (Please provide the details below)

No

2. Any prosecutions under the Occupational Health & Safety Regulations in your organization in the past 3 years:

Yes (Please provide the number of cases and details below)

No

3. Any prosecutions pending under the Occupational Health & Safety Regulations in your organization?

Yes (Please provide the number of cases and details below)

No

APPLICATION FORM**Part E – To be filled for application of ISO 45001 certification only (Cont'd)**

4. Any fatal accidents reported in your organization in the past 3 years?

Yes (Please provide the number of cases and details below)No

5. Any accidents or dangerous occurrence reported in your organization in the past 3 years?

Yes (Please provide the number of cases and details below)No

6. Any occupational disease cases reported in your organization in the past 3 years?

Yes (Please provide the number of cases and details below)No

7. What are the main hazards and OH&S risk associated with processes?

8. Please list out (if any) main hazardous materials used in the processes?

9. Please list out (if any) other requirements and OH&S regulations to comply?

Please return the completed **Application Form** and a copy of the **Business Registration Document** to our company for further process of your application.

We confirm that those information provided is true and authorize "Fraser Certification Services Ltd." to use the provided information in the application review process.

Company Name

:

Client's Representative

:

Title / Position

:

Date

:

Company Chop