

# SYSTEM CERTIFICATION APPLICATION FORM

Application date::

<b>COMPANY COMMERCIAL TITLE</b> (Full title in the Trade Registry Gazette)			
<b>COMPANY ADDRESS</b>			
<b>TEL – FAX</b>		<b>E-MAIL</b>	
<b>AUTHORIZED PERSON</b>		<b>MANAGEMENT REPRESENTATIVE</b>	
<b>TAX NUMBER</b>		<b>WEB ADDRESS</b>	

## REQUESTED MANAGEMENT SYSTEM, ACCREDITATION

<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 22000:2018	<input type="checkbox"/> TS ISO 45001 :2018	<input type="checkbox"/> ISO 13485	<input type="checkbox"/> ISO 27001
<input type="checkbox"/> ISO 14001	<input type="checkbox"/> (you can write here)	<input type="checkbox"/> (you can write here)	<input type="checkbox"/> (you can write here)	
<b>SCOPE OF CERTIFICATION (Ex. Design, manufacture and sale of products)</b>				

## AUDIT TYPE

<input type="checkbox"/> Certification	<input type="checkbox"/> Scope Reduction	<input type="checkbox"/> Scope Extension	<input type="checkbox"/> Transfer	<input type="checkbox"/> Recertification	<input type="checkbox"/> (you can write here)
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## NUMBER OF EMPLOYEES INFORMATION

Production/Service Employee		Number of Shifts	
Number of Part-Time Employees		Management/Administrative Officer	
Number of Employees Doing the Same Job		Total Number of Employees	
<b>Nature of work done in shifts</b>			

## INFORMATION ON OTHER FACILITIES (BRANCH, SITE, PRODUCTION PLACE, ETC)

(If there is more than 1 facility within the scope of certification, please provide information about the relevant facilities below. Fill in the information form separately for each facility with different legal personality)

ADDRESS	Personal number	Number of Shifts	Shift Hours	Nature of work done in shifts

Out of Scope Article(s)	<input type="checkbox"/> 7.1.5 <input type="checkbox"/> 8.3 <input type="checkbox"/> 8.5.1 <input type="checkbox"/> 8.5.3 <input type="checkbox"/> other	<b>DETERMINE YOUR COMPANY'S INTEGRATION LEVEL (For Integrated Audits)</b>		
Outsourced processes (example: workbench, logistics, etc.)				
Date of Internal audit & Management Review performed or planned P:Planned C:Completed	P <input type="checkbox"/> C <input type="checkbox"/> Internal Audit Date: P <input type="checkbox"/> C <input type="checkbox"/> Management Review Date:			
Laws, statutes, regulations, directives and mandatory standards related to products/services		Is the documentation integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 15
Please provide additional information about your services or products within the scope of certification. (manufacturing/service methods, materials used, processes, departments, programs, etc.)		Are the policy and objectives integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 10
Number of HACCP studies (required for ISO 22000)		Are Internal Audits integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 20
Consultancy service regarding the management system (with the name of the organization and person)		Are management support and tasks integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 10
Other documented management systems implemented, if any		Management review Is it integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 20
Release date of System Documentation		Are System Processes integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 15
What are the system or product documents you have received before?		Are development mechanisms integrated?	<input type="checkbox"/> Y <input type="checkbox"/> N	% 10
Demand surveillance control interval	<input type="checkbox"/> 6 Mouth <input type="checkbox"/> 9 Mouth <input type="checkbox"/> 12 Mt.	% Total		
<b>Define your processes related to your Products and Services within the scope of certification (For ISO 22000 application, define the processes that affect the food safety of the final product)</b>				

## For ISO 9001, ISO 14001, ISO 45001 Applications:

Factors That May Affect the Audit Period:				
1	Will the audit be conducted in multiple foreign languages, requiring an interpreter?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
2	Do you work with few personnel in very large working areas? (large factory and construction area, agricultural area, etc.)	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you require a high level of regulatory enforcement in the realization of your products or services? (for example, pharmaceutical, aerospace industry, nuclear power plant, refinery and chemical industry, fishing vessels, mining etc.);	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
4	Do you have more than one main activity?	Yes	Yes	
		<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have complex and rare Process/activities?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
7	How would you describe the environmental sensitivity in which you operate?	Quite sensitive	Subject to standard practices	
		<input type="checkbox"/>	<input type="checkbox"/>	
8	Have you received any complaints or penalties regarding Environment and Occupational health and safety in the last 3 years?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
9	Do you have a design activity?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
10	How many years have you had a management system?	3 years and more	less than 3 years	
		<input type="checkbox"/>	<input type="checkbox"/>	
11	Do you work in a small area in terms of staff numbers? (just like an office)	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
12	How would you describe the automation systems used in production?	more than 50%	less than 50%	Automation not used
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do most of the staff do the same job?	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
14	Do you have similar and repetitive activities?	Yes	partly	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Are there personnel working "out of the workplace" in such a way that it is possible to make the records and reports on which they provide control of their activities? (For example, sales personnel, drivers, service personnel, etc.)	high in number	few in number	None
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	How would you describe the place of activity of your organization for occupational health and safety?	Quite sensitive	Subject to standard practices	
		<input type="checkbox"/>	<input type="checkbox"/>	
17	Are too many hazardous materials used in your processes? (for ISO 45001)	Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	

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18	<u>Do you use renewable energy?</u>	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

<b>DO YOU REQUEST A PRE-ASSESSMENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATE OF REQUESTED PHASE 1 AUDIT</b>	<b>REQUESTED STAGE 2 AUDIT DATE</b>
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I confirm the accuracy and up-to-dateness of the information detailed above. In addition, Unicert undertakes to comply with the rules and the conditions and obligations required by the referenced documents.

**NOTE1: FILL OUT EK-006 FOR ISO 13485 APPLICATIONS AND EK-007 FOR ISO 27001 INFORMATION SECURITY MANAGEMENT SYSTEM APPLICATIONS**

**Signature/Date of AUTHORIZED PERSON**