

**APPLICATION for**

**ISO Certification (All Standards)**

**Contents**

[**Section 1**](#Section1) **General Information
 *(Please complete this section for All standards)***

**(Please complete ONLY the sections for the Standard(s) that you are applying for)**

[**Section 2**](#Section2) **ISO 9001:2015**

**Quality Management System**

[**Section 3**](#Section3) **ISO 22301:2012**

**Business Continuity Management System**

[**Section 4**](#Section4) **ISO 14001:2015**

**Environmental Management System**

[**Section 5**](#Section5) **ISO 45001:2018**

**Occupational Health & Safety**

 **Management System**

[**Section 6**](#Section6) **ISO 27001:2013**

**Information Security Management System**

[**Section 7**](#Section7) **Integrated Management System**

**DAS Certification is a trading name of SN Registrars (Holdings) Ltd UKAS 8327**

**APPLICATION for Quotation for ISO Certification (All Standards)**

|  |
| --- |
| **Which Standard(s) are you interested in (Please Tick all that apply)**[ ] **ISO 9001:2015** [ ] **ISO 14001:2015** [ ] **ISO 45001:2018** [ ] **ISO 27001:2013** [ ] **ISO 22301:2012** [ ] **OTHER (Please state)**  |

 **(SECTION 1) General Information**

 ***(Please complete this section for all standards and sections for standards required)***

|  |  |
| --- | --- |
| **Company Name** |  |
| **Address (Head Office)** |  |
|  | **Postcode** |  |
| **Telephone** |  | **Extension** |  |
| **Email** |  |
| **Company Website** |  |
| **Management Representative Name**  |  | **Job Title** |  |
| **Primary Contact for Audit Purposes** |  | **Telephone** |  |
| **Name of Consultant (if any)** |  | **Telephone** |  |
| **Nature of Business** |  | **Number of years at this site** |  |
| **Does your company conduct any activities on Clients’ sites** [ ]  **YES** [ ]  **NO? *(If YES please list activity)*** |  |
| **Management systems that your company have (including those that this application does not cover)** | [ ]  ISO 9001:2015 [ ]  ISO 22301:2012 [ ]  ISO 14001:2015 [ ]  ISO 45001:2018[ ]  ISO 27001:2013 [ ]  OTHER, please specify |
|  |
| **Company Employees within the Scope (Breakdown)**

|  |  |  |
| --- | --- | --- |
| **Category/Description/Department** | **Total Permanent**  | **Total Temporary** |
|  |  |  |
|  |  |  |
|  |  |  |
| **NB: *ISO 45001****: effective number of personnel: all employees, (permanent, temporary and part time) involved in the scope of certification including those on each shift. It shall also include contractors, sub-contractors’ personnel within the organisations control or influence that can impact on the organisations OH&SMS performance.*  **Total** |  |  |

 |
| **Multi-Site Operations** |
| **Number of Locations**  |  |
| **Please list all site addresses to be included in the scope** | **Main Activities at each Site** |
| **Transfer of your current certification** |
| **Standard(s) to be transferred** |  |
| **Name of Present Certification Body** |  |
| **Reason for transfer** |  |
| **Certificate Expiry Date(s)** |  |
| **Date Next Certification Body Visit is Due** |  |
| **Please send a copy of the current certificate and the latest audit report** |
| **Please complete only the relevant sections for the Standard(s) that you require** |
| **(SECTION 2)**[ ]  **ISO 9001:2015 Quality Management System (Application)** |
| **Main Processes and materials used** |  |
| **Main Scope and boundaries for Certification** |  |
| **Does your company’s management system fully address ISO 9001:2015?** | [ ]  **YES** [ ]  **NO** |
| **Are there any non-applicable clauses of ISO 9001:2015?**  | [ ]  **YES** [ ]  **NO** |
| **If Yes, what are they and how are they justified?** |  |
| **Are there any outsourced processes?**  | [ ]  **YES** [ ]  **NO** |
| **If Yes, please detail them** |  |
| **Is English language spoken by all staff?** | [ ]  **YES** [ ]  **NO** |
| **If NO, which other languages will be required when conducting the assessment?** |  |
| **What Key Legislation is applicable on your site(s)?** |  |
| **Additional Information** |
| **Authorised Representative Name: Position Date** **Signed** |
| **END OF ISO9001:2015 APPLICATION** |
| **Please complete only the relevant sections for the Standard(s) that you require** |
| **(SECTION 3)**[ ]  **ISO 22301:2012 Business Continuity Management System (Application)** |
| **Main Processes and materials used** |  |
| **Main Scope and boundaries for Certification** |  |
| **Does your company’s management system fully address ISO 22301:2012?** | [ ]  **YES** [ ]  **NO** |
| **Are there any non-applicable clauses of ISO 22301:2012?** | [ ]  **YES** [ ]  **NO** |
| **If Yes, what are they and how are they justified?** |  |
| **Are there any outsourced processes?**  | [ ]  **YES** [ ]  **NO** |
| **If Yes, please detail them** |  |
| **Is English language spoken by all staff?** | [ ]  **YES** [ ]  **NO** |
| **If NO, which other languages will be required when conducting the assessment?** |  |
| **What Key Legislation is applicable on your site(s)?** |  |
| **Additional Information** |
| **Authorised Representative Name: Position Date** **Signed** |
| **END OF ISO 22301:2012 APPLICATION** |
| **(SECTION 4)** **ISO 14001:2015 Environmental Management System (Application)** |
| **Detail Main Site activities** |  |
| **Detail main processes** |  |
| **Main Scope and boundaries of environmental containment** **For Certification** |  |
| **Do you have any Environmental Aspects which are controlled by regulatory requirements?**  | [ ]  **YES** [ ]  **NO**  |
| **If YES, what are they?** |  |
| **Are there any Environmental issues facing the company (Management view)?** | [ ]  **YES** [ ]  **NO**  |
| **i.e.; General noise & air pollution, like inside & outside in-house vehicle (No major issue) If Yes, please state** |  |
| **Is there a Shift System in Operation?** | [ ]  **YES** [ ]  **NO**  | **Daily Operating Hours** |  |
| **Period of Maximum Activity** (Please tick all that apply) |
| [ ] **Night**  | [ ]  **Day** | [ ]  **Morning** | [ ]  **Afternoon** | [ ]  **Evening** | [ ]  **Weekends** | [ ]  **Weekdays** | [ ]  **24 hours** |
| **Are Site Plans (including drainage system) available for the site?** | [ ]  **YES** [ ]  **NO** [ ]  **N/A**  |
| **Site Manager Name**  |  | **Telephone** |  |
| **Does the company have appropriate licences, authorisations and consents?****If Yes, please detail them****(Attach a separate sheet if required)** | [ ]  **YES** [ ]  **NO** |
| **Profile of the sites previous use(s) and the legacy of waste contamination** |  |
| **Details of any audits which have been carried out** |  |
| **Sensitivity of audit site****(Interest groups, high regulations, populations…)** |  |
| **List of chemicals/materials in the site/facility. Details Hazardous Waste Management** |  |
| **Detail significant utilities used in the site/facility** (Gas, Electric, Water, Oil….) |  |
| **Details of Waste Management**(Effluent treatment/discharge, solid waste management…..) at the site/facility |  |
| **Details of outsourced processes significant to the environment management** (Outsourced effluent processing, waste disposal…) |  |
|

|  |
| --- |
| **Site information (if applicable):** |
| **Permanent site address:** | **Area of site:** | **Number of Employees:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |

**EMS Table 2 for complexity and business sector**

**ANALYSIS OF SCOPES - Client Business**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complexity rating & system** | **Aspects** | **Impacts** | **Risk** |
| **Low (1-4)** | Activity, product and/or service | Minor change to the environment whether adverse or beneficial | Risk priority is Low |
| **Medium (5-7)** | Activity, product and/or service | Change to the environment whether adverse or beneficial | Risk priority is increased |
| **High (8-9)** | Activity, product and/or service | During normal, abnormal and emergency operating conditions there is a significant risk of an impact causing harm to the eco system and/or breach to legal & regulatory requirements | Risk priority High |
|  |
| **RISK ANALYSIS** | **High** | **Medium** | **Low** |
| **Regulatory Control** | National level of regulatory control | Local level of regulatory control | No authorisations |
| **Complexity of Operation** | Highly technical, large & complex operations | Technical, smaller less complex operations | Non-technical, small simple operations |
| **Severity of Releases** | Large scale, hazardous pollution | Medium scale, harmful pollution | Small scale, minor pollution |

**EMS Table 2 for related Complexity and Business sector**

**ENVIRONMENTAL ASPECTS/IMPACTS, RISK & SKILLS REQUIREMENT**

 *(Please tick appropriate box to indicate relevant*

*aspect and impacts for your scope of activity)*

|  |  |  |  |
| --- | --- | --- | --- |
| **ASPECTS/IMPACTS** | **Risk/Complexity** | **ASPECTS/IMPACTS** | **Risk/Complexity** |
| **e.g.** | [x]  **L** |  |
| **Air Emissions** | [ ]  | **Electro Magnetics** | [ ]  |
| **Air Quality** | [ ]  | **Landscape Visual** | [ ]  |
| **Aqueous Discharge** | [ ]  | **Land Use** | [ ]  |
| **Water Supply** | [ ]  | **Heritage** | [ ]  |
| **Fresh Water Quality** | [ ]  | **Transport** | [ ]  |
| **Fresh Water Ecosystem** | [ ]  | **Community & Social** | [ ]  |
| **Marine Quality** | [ ]  | **Economics** | [ ]  |
| **Marine Ecosystems** | [ ]  | **Nuisance** | [ ]  |
| **Ground Water** | [ ]  | **Public Health** | [ ]  |
| **Waste Control** | [ ]  | **Emergency Service** | [ ]  |
| **Waste Minimisation** | [ ]  | **Nature Conservation** | [ ]  |
| **Waste Disposal** | [ ]  | **Ethical** | [ ]  |
| **Land Contamination** | [ ]  | **Odours** | [ ]  |
| **Soil Quality** | [ ]  | **Energy Use** | [ ]  |
| **Terra/Avian Ecosystems** | [ ]  | **Electricity** | [ ]  |
| **Resource Usage** | [ ]  | **Gas** | [ ]  |
| **Life Cycle** | [ ]  | **Coal** | [ ]  |
| **Noise** | [ ]  | **Oil** | [ ]  |
| **Vibration** | [ ]  | **Raw Materials** | [ ]  |
| **Authorised Representative Name: Position Date** **Signed**  |
| **END OF ISO 14001:2015 APPLICATION** |
| **(SECTION 5)****ISO 45001:2018 Occupational Health & Safety Management System (Application)** |
| **Detail main site activities** |  |
| **Main Scope and work area boundaries for Certification** |  |
| **Detail the main processes and any licences, authorisations and consents held** |  |
| **Detail the products** |  |
| **Detail the services/facilities maintenance** |  |
| **Do you have any OH & S risks which require regulatory requirements? If yes, please detail:** |  |
| **Number of temporary sites:** |  |
| **Do you operate a Shift System?**  | [ ]  **YES** [ ]  **NO** | **Daily Operating Hours:** |  |
| **Period of Maximum Activity (please tick all that apply)** |
| [ ]  **Night**  | [ ]  **Day** | [ ]  **Morning** | [ ]  **Afternoon** | [ ]  **Evening** | [ ]  **Weekends** | [ ]  **Weekdays** | [ ]  **24 hours** |
| **Are Site Plans (including drainage system) available for the site?** | [ ]  **YES** [ ]  **NO** [ ]  **N/A** |
| **Site Contacts** |
| **Site Manager** |  | **Contact Telephone:** |  |
| **Health & Safety Manager** |  | **Contact Telephone:** |  |
| **Profile of the sites previous use(s) and** **The legacy of waste contamination** |  |
| **Sensitivity of audit site**(Interest groups, high regulations, populations…) |  |
| **List of chemicals/materials in the site/facility** |  |
| **Detail significant utilities used in the site/facility** (Gas, Electric, Water, Oil….) |  |
| **Details of Waste Management activities for the site** |  |
| **Details of outsourced processes significant to the OH & S Management**  |  |
| **Additional Information** |

**ANALYSIS OF SCOPES - Client Business**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complexity rating & system** | **Hazards** | **Risk** | **Impact** |
| **Low (1-4)** | Activity, product and/or service | H & S effect, whether adverse or beneficial but not causing injury or damage to personnel | Failure to manage the risk may result in minor injury or illness. |
| **Medium (5-7)** | Activity, product and/or service | Change to the environment whether adverse or beneficial | Failure to manage the risk could result in injury or illness. |
| **High (8-9)** | Activity, product and/or service | Significant effect causing injury/damage/death to personnel | Failure to manage the risk could put life at risk or result in serious injury. |
|  |
| **RISK ANALYSIS** | **High** | **Medium** | **Low** |
| **Regulatory Control** | High number of consents with monitoring | Minimal consents with low monitoring | No authorisations |
| **Complexity of Operation** | Highly technical, large & complex operations | Technical, smaller less complex operations | Non-technical, small simple operations |
| **Severity of Releases** | Large scale OH & S Risk | Medium scale | Small scale |

|  |  |
| --- | --- |
| **Risk H/M/L** | **Risk**  |
| **Complexity H/M/L** | **Complexity** |

**HAZARDS**

**RISKS**

*Please tick all relevant boxes*

*to indicate hazards and risks involved in your scope of activity*

|  |  |  |  |
| --- | --- | --- | --- |
| **e.g.** | [x]  **H,L** |  |  |
| **Air Emission** |[ ]  **Psychological** |[ ]
| **Air Quality** |[ ]  **Electro Magnetic** |[ ]
| **Noise Emission** |[ ]  **Community & Social** |[ ]
| **Vibration** |[ ]  **Economics** |[ ]
| **Fresh Water Quality** |[ ]  **Nuisance** |[ ]
| **Lighting** |[ ]  **Public Health** |[ ]
| **Manual Handling** |[ ]  **Emergency Service** |[ ]
| **Lifting Equipment** |[ ]  **Health Conservation** |[ ]
| **Height Working** |[ ]  **Vessels under pressure** |[ ]
| **Chemical Handling** |[ ]  **Operation recognised by authorities as hazardous** |[ ]
| **Waste Disposal** |[ ]  **Electricity related hazards** |[ ]
| **Biological Risk** |[ ]  **Gas Handling** |[ ]
| **Risk from Sharps** |[ ]  **Coal Handling** |[ ]
| **Risk from Neighbours** |[ ]  **Oil Handling** |[ ]
| **Ergonomics** |[ ]  **Raw Materials** |[ ]
| **Asbestos** |[ ]  **Work with video displays** |[ ]
| **Protective Personal Equipment -PPE Use** |[ ]   |  |
|  |
| **Authorised Representative Name: Position Date** **Signed** |
|  **END OF ISO 45001:2018 APPLICATION** |

|  |
| --- |
| **(SECTION 6)** **ISO 27001:2013 Information Security Management System (Application)** |
| **Main Services or Products provided by the Company** |  |
| **Main Scope for ISO 27001:2013 Certification** |  |
| **Does your company have an ISMS Policy Manual which fully addresses ISO 27001:2013** | [ ]  **YES** [ ]  **NO**  |
| **Are there any ISMS related information (such as ISMS records or information about design and effectiveness of controls) that cannot be made available for review by the audit team because it contains confidential or sensitive information?** | [ ]  **YES** [ ]  **NO**  |
| **If yes, what are records and information that cannot be accessed? Please list.** If information is relevant to the audit, it may be that the certification audit cannot take place until appropriate access arrangements are granted. |  |
| **Does your company have all necessary documentation to comply with ISO 27001:2013, including a Statement of Applicability?****If NO, when do you expect your documented system to be ready for assessment?** | [ ]  **YES** [ ]  **NO**  |
|  |
|

|  |  |
| --- | --- |
| **Number of critical assets**  |  |
| **Number of processes and services** |  |
| **Number of Contract Staff** |  |
| **Number of Users** |  |
| **Number of Disaster Recovery (DR) sites** |  |
| **Number of Servers and locations (data centre/in-house), please list locations:** |  |
| **Number of Application Development & Maintenance Staff** |  |
| **Extent and diversity of technology utilised:****1 – Highly standardised environment with low diversity (few IT-platforms, servers, databases etc)****2 – Standardised but diverse IT platforms, servers, databases, networks etc****3 – High diversity of complexity of IT**  |  |
| **Previously demonstrated performance of the ISMS****1 - Recently certified or not certified but ISMS fully implemented over several audit and improvement cycles****2 – Recent surveillance audit or not certified but partially implemented ISMS****3 – No certification and no recent audits or ISMS is new and not fully established** |  |
| **Applicability of sector specific risk****1 - Low risk business without regulatory requirements****2 - High regulatory requirements****3 - High risk business with (only) limited regulatory requirements** |  |
| **Extent of outsourcing and third party arrangements:****1 – no outsourcing and little dependency on suppliers****2 – well-defined, managed and monitored outsourcing arrangements****3 – outsourcer has a certified ISMS****4 – relevant independent assurance reports are available****5 – several partly managed outsourcing arrangements****6 – high dependency on outsourcing or suppliers with high impact****7 – unknown amount or extent of outsourcing or several unmanaged outsourcing arrangements** |  |
| **Extent of information system development:****1 – no in-house system development or use of standardised software platforms****2 – use of standardised software platforms with complex configuration or highly customised software or some development activities (in-house/outsourced)****3 – extensive internal software development activities with several ongoing projects for important business purposes** |  |
| **When do you expect to be ready for the Main Certification visit to take place?** |  |
| **Legal regulations applicable to the company** |  |
| **Is the English Language spoken by all staff?** | [ ]  **YES** [ ]  **NO**  |
| **If NO what other languages will we require to understand when doing the assessment?** |  |

 |
| **Authorised Representative Name: Position Date** **Signed** |
|  **END OF ISO 27001:2013 APPLICATION** |
| **(SECTION 7)**  **Integrated Management System (IMS)** |
| **Which Standard(s) you have integrated (Please tick all that apply)**[ ]  **ISO 9001:2015** [ ]  **ISO 22301:2012** [ ]  **ISO 14001:2015** [ ]  **ISO 45001:2018** [ ]  **ISO 27001:2013** [ ]  **Other (Please state)**  |
| **Complete below as applicable****The duration of an IMS audit based on the declared level of integration of the management system may be subject to adjustment on the basis of confirming the level of integration at stage one and subsequent audits.** |
| **Do you have integrated documentation set, including work instructions?****If not, which standards have separate documentation?** | [ ]  **YES** [ ]  **NO**  |
| **Do you have integrated Management Reviews that consider the overall business strategy and plans?** | [ ]  **YES** [ ]  **NO**  |
| **Do you have an integrated approach to internal audits?** | [ ]  **YES** [ ]  **NO**  |
| **Do you have an integrated approach to policy and objectives?** | [ ]  **YES** [ ]  **NO**  |
| **Do you have an integrated approach to systems processes** | [ ]  **YES** [ ]  **NO**  |
| **Do you have an integrated approach to improvement mechanisms (corrective actions, measurement and continual Improvement, risks)?** | [ ]  **YES** [ ]  **NO**  |
| **Do you have integrated management support and responsibilities?** | [ ]  **YES** [ ]  **NO**  |