



APPLICATION for ISO Certification (All Standards)

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*(Please complete this section for All standards)***

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

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Quality / Business Continuity
Management System**

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Management System**

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Management System**

APPLICATION for Quotation for ISO Certification (All Standards)

Which Standard(s) are you interested in (Please Tick all that apply)

ISO 9001:2015
 ISO 22301:2012
 ISO 14001:2015
 BS OHSAS18001:2007
 ISO 27001:2013
 OTHER (Please state)

(SECTION 1) General Information *(Please complete this section for all standards)*

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 <input type="checkbox"/> YES <input type="checkbox"/> NO? (If YES please list activity)			
Management systems that your company have (including those that this application does not cover)		<input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 22301:2012 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> BS OHSAS18001:2007 <input type="checkbox"/> ISO 27001:2013 <input type="checkbox"/> OTHER, please specify	

Transfer of your current certification

Standard(s) to be transferred	
Name of Present Certification Body	
Certificate Expiry Date(s)	
Date Next Certification Body Visit is Due	
Please send the copy of the current certificate and if available the latest audit report	

Multi-Site Operations

Number of Locations	
Please list all site addresses to be included in the scope	Main Activities at each Site

Company Employees within the Scope (Breakdown)

Category/Description/Department	Total Permanent	Total Temporary
•		
•		
•		
Total		

Please complete only the relevant sections for the Standard(s) that you require

(SECTION 2)

- ISO 9001:2015 Quality Management System (Application)**
- ISO 22301:2012 Business Continuity Management System (Application)**

Main Processes and materials used		
Main Scope and boundaries for Certification		
Does your company’s quality manual fully address ISO9001:2015?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company’s quality manual fully address ISO 22301:2012?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any non-applicable clauses of ISO9001:2015?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any non-applicable clauses of ISO 22301:2012?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, what are they and how are they justified?		
Are there any outsourced processes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please detail them		
Is English language spoken by all staff?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If NO, which other languages will be required when conducting the assessment?		
What Key Legislation is applicable on your site(s)?		

Additional Information

Name	Position	Date
Signed		

END OF ISO9001:2015 APPLICATION

(SECTION 3)

ISO14001:2015 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?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, what are they?							
Are there any Environmental issues facing the company (Management view)?		<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Daily Operating Hours					
Period of Maximum Activity (Please tick all that apply)							
<input type="checkbox"/> Night	<input type="checkbox"/> Day	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekends	<input type="checkbox"/> Weekdays	<input type="checkbox"/> 24 hours
Are Site Plans (including drainage system) available for the site?					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Site Manager Name				Telephone			
Does the company have appropriate licences, authorisations and consents?					<input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, please detail them (Attach a separate sheet if required)							
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.	<input checked="" type="checkbox"/> H, M		
Air Emissions	<input type="checkbox"/>	Electro Magnetics	<input type="checkbox"/>
Air Quality	<input type="checkbox"/>	Landscape Visual	<input type="checkbox"/>
Aqueous Discharge	<input type="checkbox"/>	Land Use	<input type="checkbox"/>
Water Supply	<input type="checkbox"/>	Heritage	<input type="checkbox"/>
Fresh Water Quality	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Fresh Water Ecosystem	<input type="checkbox"/>	Community & Social	<input type="checkbox"/>
Marine Quality	<input type="checkbox"/>	Economics	<input type="checkbox"/>
Marine Ecosystems	<input type="checkbox"/>	Nuisance	<input type="checkbox"/>
Ground Water	<input type="checkbox"/>	Public Health	<input type="checkbox"/>
Waste Control	<input type="checkbox"/>	Emergency Service	<input type="checkbox"/>
Waste Minimisation	<input type="checkbox"/>	Nature Conservation	<input type="checkbox"/>
Waste Disposal	<input type="checkbox"/>	Ethical	<input type="checkbox"/>
Land Contamination	<input type="checkbox"/>	Odours	<input type="checkbox"/>
Soil Quality	<input type="checkbox"/>	Energy Use	<input type="checkbox"/>
Terra/Avian Ecosystems	<input type="checkbox"/>	Electricity	<input type="checkbox"/>
Resource Usage	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Life Cycle	<input type="checkbox"/>	Coal	<input type="checkbox"/>
Noise	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	Raw Materials	<input type="checkbox"/>

Name

Position

Date

Signed

END OF ISO14001:2015 APPLICATION

(SECTION 4)**BS OHSAS 18001:2007 Occupational Health & Safety Management System (Application)**

Detail main site activities							
Main Scope and work area boundaries for Certification							
If construction, do you require SSIP certification (UK only)?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please select category/ies: <input type="checkbox"/> Principal Designer <input type="checkbox"/> Principal Contractor <input type="checkbox"/> Designer <input type="checkbox"/> Contractor <input type="checkbox"/> Non-construction Contractor					
If construction, do you require SSIP certification?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
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?							
Number of temporary sites:							
Do you operate a Shift System?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Daily Operating Hours:			
Period of Maximum Activity (please tick all that apply)							
<input type="checkbox"/> Night	<input type="checkbox"/> Day	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekends	<input type="checkbox"/> Weekdays	<input type="checkbox"/> 24 hours
Are Site Plans (including drainage system) available for the site?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Site Contacts							
Site Manager					Contact Telephone:		
Health & Safety Manager					Contact Telephone:		
Consultant Details (if any)					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	During routine, non-routine and emergency operating conditions there is a risk of incident causing harm to the personnel and/or breach to legal and regulatory requirements
High (8-9)	Activity, product and/or service	Significant effect causing injury/damage/death to personnel	
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

**HAZARDS
RISKS**

Risk H/M/L	Risk
Complexity H/M/L	Complexity

Please tick all relevant boxes to indicate hazards and risks involved in your scope of activity

e.g.	<input checked="" type="checkbox"/> H,L		
Air Emission	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
Air Quality	<input type="checkbox"/>	Electro Magnetic	<input type="checkbox"/>
Noise Emission	<input type="checkbox"/>	Community & Social	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	Economics	<input type="checkbox"/>
Fresh Water Quality	<input type="checkbox"/>	Nuisance	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	Public Health	<input type="checkbox"/>
Manual Handling	<input type="checkbox"/>	Emergency Service	<input type="checkbox"/>
Lifting Equipment	<input type="checkbox"/>	Health Conservation	<input type="checkbox"/>
Height Working	<input type="checkbox"/>	Vessels under pressure	<input type="checkbox"/>
Chemical Handling	<input type="checkbox"/>	Operation recognised by authorities as hazardous	<input type="checkbox"/>
Waste Disposal	<input type="checkbox"/>	Electricity related hazards	<input type="checkbox"/>
Biological Risk	<input type="checkbox"/>	Gas Handling	<input type="checkbox"/>
Risk from Sharps	<input type="checkbox"/>	Coal Handling	<input type="checkbox"/>
Risk from Neighbours	<input type="checkbox"/>	Oil Handling	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	Raw Materials	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	Work with video displays	<input type="checkbox"/>
Protective Personal Equipment -PPE Use	<input type="checkbox"/>		

Name

Position

Date

Signed

END OF BS OHSAS18001:2007 APPLICATION

(SECTION 5)**ISO27001:2013 Information Security Management System (Application)**

Main Services or Products provided by the Company		
Main Service offered (if applicable)		
Main Scope for ISO27001:2013 Certification		
Does your company have an ISMS Policy Manual which fully addresses ISO27001:2013		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your company have all necessary documentation to comply with ISO27001:2013, including a Statement of Applicability?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, when do you expect your documented system to be ready for assessment?		
Number of critical assets (one, some, many)		
Number of processes and services		
Number of Contract Staff		
Number of Users		
Number of Disaster Recovery (DR) sites		
Number of Servers		
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO what other languages will we require to understand when doing the assessment?		
Name	Position	Date
Signed		

