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MANAGEMENT SYSTEM CERTIFICATION APPLICATION FORM

This document has been designed to capture an applicant organization's details regarding its business and management system processes. This form will be used to measure your readiness for management system certification and we request you to complete all the required questions on this form. The completeness of the required details will enable us to successfully review your application.

Please return this completed application form to:

*Managing Director
Core Quality CB
6, Adebisi Oyenola,
Idado Estate, Lekki. Lagos.*

A - Company Details			
A1 Company name:			
A2 Physical location of the company:			
A3 Postal address of the company:			
A4 Telephone no.:			
A5 Fax no.:			
A6 Website address:			
A7 Email address:			
A8 Name of chief executive:			
A9 Contact number of chief executive:			
A10 Contact person name:			
A11 Position of Contact person:			
A12 Contact person e-mail:			
A13 Are you part of a larger corporation / Organization?		If yes, please specify	

B - Management System Details			
B1 Specify the scope of your management system: (Scope of certification as to be noted on the certificate)			
B2 Is certification sought for the full or certain aspects of your management system?		If for certain aspects, which one(s)?	
B2 Is certification sought for the full or certain aspects of your management system?		If yes, to which standard, which aspect and by which body?	
B3 Are the management system / parts of it already certified?	ISO 9001 - Quality Management System		
	ISO 14001 - Environmental Management System		N/A
	OHSAS 45001 - Occupational Safety & Health Management System		N/A
	ISO 22000 - Food Safety Management System ISO 27001 - Information Security Management System		
	Other - specify		
B4 Mark the standard to which certification is applied for?			
B5 Give a short description of your core business / key processes:			

<p>B6 Give examples of your customers to whom you supply your product / service:</p>			
<p>B7 List the type of product(s) handled or services provided:</p>			
<p>B8 For product manufacturing, give a detailed explanation of the processing line(s) for clarification of the manufacturing or processing, machinery types used, techniques and testing's used:</p>			
<p>B9 If applicable, indicate seasonal work / time periods for the processing of your product(s):</p>			
<p>B10 For food safety - how many HACCP studies have been conducted?</p>		<p>List the study types:</p>	
<p>B11 For food safety - have any of your control measures been externally developed?</p>		<p>If yes, please specify for which process(es):</p>	
<p>B12 How long (months) have you been operating your completed management system?</p>			
<p>B13 Have you nominated a Management Representative / Food Safety Team Leader?</p>		<p>If yes, what is the position of this person?</p>	

B14 Have you completed the development of your manual (where required) & mandatory procedures?		If not, which ones are to be completed?		
B15 Have you made use of a consultant / external expert to establish / implement / audit your management system?		If yes, which aspect of your system was externally supported Also include his/her name		
B16 Are your organization's activities, product(s) and services subjected to any laws, regulations, permits, licenses and any official authorizations?		If yes, state the laws, regulations, permits, licenses, etc.		
B17 Which of your processes are outsourced?				
B18 Which requirements (clauses) of the standard have been excluded? (ISO 9001 only)		Provide reasons:		
B19 Any branches / other sites which need to be included in the certification?		Location	Main Function	Staff Complement
B20 Any temporary sites which need to be included in the certification?		Location	Main Function	Staff Complement

B21 How many internal audits, covering the whole organization (management system), have you done?		If not the whole organization, which aspects are outstanding?		
B22 How many Management Review meetings have you done?		If none, for when have you scheduled one?		
B23 Have the following people received the required training?	Management Rep / Food safety team leader		Internal auditor(s) & how many	
B24 Staff complement: (Full time = F / Temporary = T / Admin = A / Technical or production = T/P)	F		F-A	F-T/P
	T		T-A	T-T/P
	F		T	A
B26 What is the total number of employees whose work affects the proposed scope of certification?				
B27 Do you operate a Shift System?		If yes, how many and the times?		
B28 Staff (T/P) complement per shift?				
B29 Specify your language preference:	English:		Other:	
B30 Have you received information on the certification process?				

B31 Do you have any uncertainties regarding the certification process? If yes, please specify:	
B32 If you can, specify your date for the stage 1 audit:	
B33 If you can, specify the date by which certification is sought:	

C - Food handling applicants only

Indicate your specific food handling category within the food chain by a "Yes" next to the appropriate block and then specify the type of food material(s) / product(s) handled:

A - Farming with animals:		Indicate type of food material / product:	
B - Farming with plants:		Indicate type of food material / product:	
CI - Processing of perishable animal products:		Indicate type of food material / product:	
CII - Processing of perishable plant products:		Indicate type of food material / product:	
CIII - Processing of perishable animal and plant products (mixed products):		Indicate type of food material / product:	

CIV - Processing of ambient stable products:		Indicate type of food material / product:	
DI - Production of feed:		Indicate type of food material / product:	
DII - Production of pet food:		Indicate type of food material / product:	
E - Catering:		Indicate type of food material / product:	
F - Food distributor: (retail / wholesale / food broking / trading)		Indicate type of food material / product:	
GI - Provision of transport / storage services – perishable food / feed:		Indicate type of food material / product:	
GII - Provision of transport / storage services – ambient stable food / feed:		Indicate type of food material / product:	
H - Services supporting food safety production i.e. water supply / pest control / cleaning service / waste disposal / etc.:		Indicate type of food material / product:	
I - Production of food packaging and packaging material:		Indicate type of food material / product:	

J - Production and development of food processing equipment and vending machines:		Indicate type of food material / product:	
K - Production of food and feed additives, vitamins, minerals, bio-cultures, flavourings, enzymes and processing aids: Pesticides, drugs, fertilizers, cleaning agents, etc.:		Indicate type of food material / product:	
Other:		Specify:	

D - Declaration (yes / no) of inclusion of the following documents with your application	
Organizational structure. Any additional information supplied? If yes, please specify.	

Application declaration			
<p>I, the authorized representative of the organization and undersigned, declare that the information given in this application is correct to the best of my knowledge and belief.</p> <p>I undertake to inform Core Quality CB of any changes with respect to the application and accept full responsibility of any costs incurred as a result of any changes not reported to Core Quality in good time.</p> <p>We understand how Core Quality will undertake the certification process and are familiar with the standard(s) and other criteria against which the certification is sought.</p> <p>Upon certification application registration, our organization agrees to comply with the Core Quality Management Systems Certification Scheme and the signed Certification Agreement.</p> <p>We undertake to pay the prescribed fees agreed upon.</p> <p>_____</p> <p style="text-align: center;">Name Position Signature Date</p>			
For Core Quality Use:			

Application No.:	
Date Processed:	