



**ABSOLUTE QUALITY  
CERTIFICATION PRIVATE LIMITED**  
**APPLICATION QUESTIONNAIRE FOR MANAGEMENT  
SYSTEM CERTIFICATION**

401, Ashok Bhawan, Building No 93, Nehru Place New Delhi 110019 (Tel No. 011-41051139)  
Website: [www.absolutequalitycertification.com](http://www.absolutequalitycertification.com) Email: [info@absolutequalitycertification.com](mailto:info@absolutequalitycertification.com)

\*Name of Company-

\*Postal Address-

Number of Sites Linked & Address(if certification required):

\*Phone: \_\_\_\_\_ \*Fax \_\_\_\_\_

\*Email:- \_\_\_\_\_ \*Website \_\_\_\_\_

\*Contact Person Name : \_\_\_\_\_ \*Position: \_\_\_\_\_ \*Mobile No- \_\_\_\_\_

\*Legal Status of Company: Pvt. Ltd./Public Ltd./Proprietorship/Partnership – \_\_\_\_\_

\*Statutory & Regulatory Requirements: Company Act 1956, CST Act  
(Related to the Nature Work & Management System Certification)

\*Service Tax/Excise/TIN: \_\_\_\_\_

\*Outsourced Process:  
(which effects the conformity of the product/service)

**CERTIFICATIONS REQUESTED**

**Quality Management System ISO 9001:2008**

Is the category “design and development” included in the activities to be certified?  Yes  No

Is there any process that affects product conformity outsourced?  Yes  No

Exclusions if any? \_\_\_\_\_

Any legal obligation? \_\_\_\_\_

Attach The Full Technical Specification of the product and application  Yes  No

**MD Quality Management System ISO 13485:2003**

Is the category “design and development” included in the activities to be certified?  Yes  No

Is there any process that affects product conformity outsourced?  Yes  No

Exclusions if any? \_\_\_\_\_

Any legal obligation? \_\_\_\_\_

**Environmental Management System ISO 14001:2004**

How many sites is your company managing at the same time? \_\_\_\_\_

A Register of Significant Environment aspect?  Yes  No

An Environmental Management Manual?  Yes  No

An Internal Environmental Audit Programme?  Yes  No

Has the Internal Environmental Audit Programme been implemented?  Yes  No

**Occupational Health & Safety System OHSAS 18001:2007**

How many sites is your company managing at the same time? \_\_\_\_\_

Hazard’s Identified? \_\_\_\_\_

Please detail any critical occupational health & safety risks identified? \_\_\_\_\_

| Potential hazards and other factors                       | Range indicators for determining scores  | Score  |
|---|--|--|
| Dangerous Goods   | 1. There are some dangerous goods (but not licensable quantities).   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There are licensable quantities of dangerous goods.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Vehicle/pedestrian interaction (including fork-lifts)     | 1. There is vehicle traffic that has the potential to interact with employees or other persons but this interaction is very limited due to the low numbers of vehicles involved and limited potential pedestrian impact. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There are a number of forklifts or other vehicle movements around employee work areas, and/or pedestrians are able to enter vehicle work zones.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Powered plant (including building plant rooms)            | 1. Powered plant is used occasionally  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. Powered plant is used regularly or daily  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Other plant (including scaffolding) or mechanical hazards | 1. Other plant is used occasionally  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2 Other plant is used regularly or daily   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

|   |   |  |
|---|---|--|
| Manual handling (includes Occupational Overuse Syndrome)                            | 1. There is handling, storage, transport or use of hazardous substances   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There is handling, storage, transport or use of hazardous substances on a daily basis by a number of persons   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Atmospheric contaminants other than hazardous substances (excludes confined spaces) | 1. There has been or could be the need to test atmospheric contaminants to confirm they are below hazardous levels  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There are known airborne contaminants in the atmosphere requiring breathing apparatus to be worn on a regular basis (may be in limited parts of the worksite). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Use of ionising or non-ionising Radiation   | 1. There are low radiation sources  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There are high radiation sources   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Confined Space  | 1 There is a confined space requiring entry   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2 There are a variety of confined spaces requiring entry and/or a number of teams operating in confined spaces.   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Slips, trips and falls  | 1 There are slip, trip or fall hazards  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2 There are a range of activities that expose people to slip, trip and fall hazards   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Noise   | 1. There are nuisance noise levels that do not exceed the maximum legislated noise level  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There are noise levels that exceed the maximum legislated noise level  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Thermal environment   | 1. There is exposure to extreme thermal discomfort  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Below ground work environment   | 1. There is occasional below ground work  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There is regular or daily below ground work  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Storage and/or use of explosives  | 1. There are explosives on site   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2. There are explosives being used  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Electrical hazards  | 1: Use of electrical equipment  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2: Occasional need for personnel to work on electrical equipment  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 3: Regular or daily need for personnel to work on electrical equipment  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Pressurized environment   | There is work in a pressurized environment  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Threats of bullying, violence or occupational assault                               | 1. Exposure to internal bullying or violence  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 2.: Exposure to external bullying or violence   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
|   | 3: Both conditions apply  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

**Food Safety Management System ISO 22000:2005**

HACCP implementation or Study conducted?:  Yes  No

How many sites is your company managing at the same time?

How many process lines?

Any prior audits?  Yes  No

If yes then Specify the result

**Information Security/Technology Management System**  ISO 27001:2005  ISO 20000-1:2011

**Size and complexity of client's organization**

The number of employees department wise

Number of user

Number of Sites

Number of server

Number of WS+PC+Laptop

Any Industry specific standards applicable, If yes, please provide details

Any specific Legal / Regulatory / Statutory Act / Standard applicable. If yes, please provide details

**Whether already certified to ISO27001/ ISO 9001/ ISO 14001**  Yes  No

| Please provide response for availability of the following documents:- | ISMS   | ITSMS  |
|---|--|--|
| ISMS Policy and Objective   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Risk Assessment and Management Methodology                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Risk Assessment Report  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
| Risk Treatment Plan                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Statement of Applicability w.r.t. ISO 27001      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Procedures required by the Standard              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Records required by the Standard                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ISMS MRM   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Internal Audit Program                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| No. of Customer/Projects covered under the scope | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any service(s) outsourced                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Any other information Client would like to provide and which is not covered above:**

**Any other standards: HACCP/TS16949/CE/GMP/HALAAL/SA8000/Product Certification etc :**  Yes  No

### **CERTIFICATION PROGRAMME REQUESTED**

- Initial certification
- Recertification
- Combination audit
- Transfer Cum Surveillance

In the case of several certification programmes, would you like the audits to be Combined or carried out separately?

If the answer is yes, please specify which combination :

### **EMPLOYEES (For multi-site, indicate all sites to be covered under certification)**

Site Detail    Staff    Workers (Permanent/ Temporary)

**Total No. of Employee :**

**No. of Shifts :**

**Scope: -**

**Exclusion (If any): NA**

**Please define key processes at your facility?**

### **ADDITIONAL INFORMATION**

➤ Have You A Specific Programme/Timescale For Achieving Registration?

Have you called on the services of a consultant?  Yes /  No

➤ If yes, please specify which one :

**Name of Business Associates:-**

➤ Is any way Business Associate involved other than marketing?

**Declaration:** The information provide above is true to the best of our knowledge and Belief.

(Authorized signatory Name, Seal & Signature)

Position

Date

### **FOR ABSOLUTE QUALITY CERTIFICATION USE ONLY**

REVIEWED BY:

DATE:

Can the application be further processed?