

GLOBAL PEACE UNIT MANAGEMENT SERVICE PVT.LTD



APPLICATION for ISO Certification (All Standards)

Contents

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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 Management System

Section 3 - ISO14001: 2004

Environmental Management System

Section 4 – BS OHSAS18001:2007

**Occupational Health & Safety
Management System**

Section 5 – ISO27001:2013

**Information Security
Management System**



GLOBAL PEACE UNIT MANAGEMENT SERVICE PVT.LTD

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APPLICATION for Quotation for ISO Certification (All Standards)

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

- ☐ ISO 9001:2008 ☐ ISO 14001:2004 ☐ 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	
Principle Services or Products provided by the Company			
Does your company conduct any activities on Clients' sites <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES please list activity)			
Name of Present Certification Body (if any)			
Certificate Expiry Date(s)			
Date Next Certification Body Visit is Due			
Total Number of Employees			
Total Number of Company Directors			
Multi-Site Operations			
Number of Locations			
Please list all Sites		Main Activities at each Site	

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

(SECTION 2)**ISO 9001:2008 Quality Management System (Application)**

Main Processes and materials used			
Main Scope for ISO9001:2008 Certification			
Does your company's quality manual fully address ISO9001:2008?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any claimed exclusions from Clause 7 of ISO9001:2008?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes what are the exclusions 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 we be required to understand during the assessment?			
What Key Legislation is applicable on your site(s)?			
Company Employees (Breakdown)			
Category/Description/Department		Total Permanent	Total Temporary
• Sales			
• Marketing			
• Administration			
• Design			
• Manufacturing			
• Other			
Total			
Additional Information			
Name	Signed	Position	Date

END OF ISO9001:2008 APPLICATION

(SECTION 3) ISO14001:2004 Environmental Management System (Application)			
Detail Main Site activities			
Detail main processes			
Main Scope for ISO14001:2004 Certification			
Consultant Details (if any)		Contact Telephone:	
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	
Total Area of Site		No of Employees on Site	
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 hour
Are Site Plans (including drainage system) available for the site?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Do you operate an ISO9001 Quality Management System?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you operate an ISO14001 Environmental Management System?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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...)			
Additional Information			
Name	Signed	Position	Date
END OF ISO14001:2004 APPLICATION			

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

Detail main site activities			
Main Scope for BS OHSAS18001:2007 Certification			
Detail processes and detail 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?			
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 hour
Are Site Plans (including drainage system) available for the site?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Do you operate an OHSAS18001:2007 Health & Safety Management System?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you operate an ISO9001:2008 Quality Management System?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you operate an ISO14001:2008 Environmental Management System?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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			
<u>Additional Information</u>			
Name	Signed	Position	Date

END OF BS OHSAS18001:2007 APPLICATION