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| A logo of a globe and a blue and orange background  Description automatically generated | **APPLICATION FORM**  **FOOD SAFETY MANAGEMENT SYSTEM** |
| Initial Certification  Recertification  Transfer of Certification |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name |  | | | | | | | | | |
| Address Head Office |  | | | | | | | Website: | | |
| Site Address(s) including branch offices  ***(Note- In case of Multisite (more than 20), confirm that the Internal Audit for each site is conducted within a year and Corrective action is implemented)*** |  | | | | | | | | | |
| Name of the Top Management |  | | | | | | | | | |
| Primary Contact Person | Name: | | | | | | | | | |
| Mobile/ Tel: | | | | | | | | | |
| E-mail: | | | | | | | | | |
| Standards | ISO 22000:2018  HACCP | | | | | | | | | |
| Statement of Scope of Certification | [Please describe the products/services of the organization, for e.g. Purification, Processing, Filling & Distribution of Drinking Water or Purchase, Receiving, Storage, Re Packing and Distribution of Fruits and Vegetables] | | | | | | | | | |
| Total Employees |  | | | | | | No of shifts: | | | |
| Employee Details |  | | Full Time | | Part Time | |  | | Full Time | Part time |
| Design: | |  | |  | | Store: | |  |  |
| Production: | |  | |  | | Accounts: | |  |  |
| Sales: | |  | |  | | Others: | |  |  |
| Purchase: | |  | |  | |  | |  |  |
| Outsources processes |  | | | | | | | | | |
| Machinery and Equipment’s |  | | | | | | | | | |
| Key Customers |  | | | | | | | | | |
| Legal, Statutory requirements and compliance |  | | | | | | | | | |
| Language (Written/oral) |  | | | | | | | | | |
| Certified in any other system | [Attach certificate] | | | | | | | | | |
| Any safety conditions for auditors | e.g. prior approvals, mask, helmet, aprons etc. | | | | | | | | | |
| If you have hired services of any Consultant/ consultancy organization | Name |  | | | | | | | | |
| Address |  | | | | | | | | |
| Contact No. |  | | | | E-mail/Web: | | | | |
| In case of Transfer from other Certification Body | Last Audit Date | | |  | | Attach Last audit report and certificate | | | | |
| Desired date of audit | [Desired date should be the date, time and season when audit team has the opportunity to audit the organization operating on the maximum product lines, categories and sectors covered by the scope] | | | | | | | | | |
| Name of HACCP Studies | 1.  2.  3. | | | | | | | | | |
| Process / Product Lines |  | | | | | | | | | |
| Other information, if any. |  | | | | | | | | | |

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| ***For IMS (Integrated Management System) only*** | | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** |
| ***Level of Integration***  ***For Integrated Management System (IMS) only***  ***Please tick mark (√) on the scale of 1 to 5.***  ***(1 being the lowest and 5 being the highest)*** | ***If documents for all systems are integrated*** |  |  |  |  |  |
| ***If management review is common for all systems*** |  |  |  |  |  |
| ***If internal audit is covering all systems under IMS*** |  |  |  |  |  |
| ***If Policy & Objectives are integrated under IMS*** |  |  |  |  |  |
| ***If processes are integrated*** |  |  |  |  |  |
| ***If corrective, preventive action, measurement and continual improvement are integrated*** |  |  |  |  |  |
| ***If management support & responsibilities are integrated*** |  |  |  |  |  |

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| I hereby certify that the following person with details as under will be responsible to sign all the documents related to certification including proposals/contract on behalf of the company and will be responsible to make the necessary payments. In case, the authorized person fails or delays the payment, company will be responsible to ensure the same. | |
| Name of the person |  | |
| Company name |  | |
| Address |  | |
| Contact No. |  | |

Client Sign with company stamp

Enclosed:

* Organization Profile
* Process flow chart.
* Company Registration Certificate/Trade License