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| **Standard(s)** **Required:** | [ ]  | ISO 9001:2015 | [ ]  | ISO 14001:2015 | [ ]  | OHSAS 18001 | [ ]   | ISO 45001:2018 |
| [ ]  | SSIP Required | [ ]  | ISO 22301:2012 | [ ]  | ISO 27001:2013 | [ ]  | ISO 29110:2011 |
| [ ]  | ISO 50001:2011 | [ ]  | GMP | [ ]  | HACCP | [ ]  | SA 8000 |
|  | [ ]  | ISO 22000:2018 | [ ]  | BS 76000 |  |  |  |  |

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| **Type of management system:** | [ ]  | Single | [ ]  | Combined | [ ]  | Integrated |
| **For Integrated systems only** |
| **Declared level of integration** | **Yes** | **No** |
| 1 – Integrated documentation including as applicable manual, procedures and work instructions etc. |       |       |
| 2 – Management reviews that consider the overall business strategy and plan |       |       |
| 3 – An integrated approach to internal audits |       |       |
| 4 – An integrated approach to policy and objectives |       |       |
| 5 – An integrated approach to systems processes |       |       |
| 6 – An integrated approach to improvement mechanisms(Corrective and preventive action, measurement and continual improvement) |       |       |
| 7 – Integrated management support and responsibilities |       |       |
| This information is used to provide a quotation and assessment plan and may be subject to adjustment on the basis of confirming the level of integration at the stage one and subsequent audits. |

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| **Company addresses to be certified:** | **Company Name:** |       |
| **Head Office:** |       |
| **Site 2:** |       |
| **Site 3:** |       |
| **Site 4:** |       |
| **Site 5:** |       |

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| **Contact Name (including title):** |       | **Position:** |       |
| **Telephone:** |       | **E-mail:** |       |
| **Website:** |       | **Sector:** |       |
| **Main Language:** |       | **Date:** |       |

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| **How did you hear about ACM?** | Consultant |

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| **Name of Consultant (if used):** | **Company Name:** | **Website of Consultant:** |
|       |       |        |

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| **Do you hold any other third party registrations?** |
|       |

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| **Type of application (please select from the following options):** |
| [ ]  | New | [ ]  | Renewal | [ ]  | Scope Extension | [ ]  | Transfer (please send in your latest Certificate(s) and Report(s) |

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| **Type of Payment:** | [ ]  | Full Payment | [ ]  | Stage Payments |

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| **When will you be ready for a Stage one review:** |  |

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| **Scope: Please describe what activities your organisation carries out:** |
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| **Please list the number of employees in each area/site:**(Please use additional sheets if required) | **Full****Time** | **Part****Time** | **Shifts** | **Full Time** (Site 2) | **Part Time**(Site 2) | **Shifts**(Site 2) |
| Senior Management |       |       |       |       |       |       |
| Management |       |       |       |       |       |       |
| Administration Staff |       |       |       |       |       |       |
| Management / Service Area |       |       |       |       |       |       |
| Operational Staff (breakdown of employee roles please describe below) |       |       |       |       |       |       |
| Quality Control / Technical |       |       |       |       |       |       |
| Storage / Warehouse |       |       |       |       |       |       |
| Other |       |       |       |       |       |       |
| Seasonal Staff |       |       |       |       |       |       |

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| **Approx. number of Sub Contractors:** |       | **Type of work Sub Contracted:** |
| **% of total work Sub Contracted:** |       |            |
| **% of work carried out at Clients Site:** |       |

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| **Identify any outsourced processes used by the organisation** |
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| **ISO 9001 (Only) – Clauses that may not be applicable?** |
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| **ISO 14001 (Only) – Any environmental concerns from your Interested Parties?** |
|       |

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| **ISO 14001 (Only) – Potential environmental accidents what could arise and the impact these have?** |
|       |

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| **ISO 14001 (Only) – Do you have any seasonal environmental aspects and/or regulated conditions:** |
|       |

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| **OHSAS 18001 / ISO 45001** |
| What are your key hazards and occupational health and safety risks associated to your process     What are your main hazardous materials used in the processes and what are your relevant legal obligations applicable to health and safety regulations      Number of personnel working on the organisations premises:      Number of personnel working away from the organisations premises:       |

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| **Safety Schemes in Procurement (SSIP):**  |
| What role does the organisation play in relation to SSIP (Principal Contractor, Principal Designer, Group, Non Construction, Contractor, or Designer, or combination of these.       |
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| **ISO 22000 (Only)** |
| **Number of HACCP Plans:** |       | **Number of products categories packed:** |       |
| **Do you carry out “in house” laboratory testing or research:** | [ ]  Yes | [ ]  No |

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| **ISO 27001 (Only)** |
| **Please describe the highest risk data your system controls (e.g. Government Ministries, NHS, Banking, Local Authority, Telecom Providers, Non-personal commercial data):**       |
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| Is there ISMS related information (such as ISMS records or information about design and effectiveness of controls) that cannot be made available for review by the auditor team because it contains confidential or sensitive Information?  |
| **Please tick box** | [ ]  Yes | [ ]  No |

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| **Number of Users:** |       | **Number of Sites:** |       |
| **Number of Servers:** |       | **Number of Workstations, PC’s and Laptops:** |       |
| **Number of application developers and maintenance staff:** |       |

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| **ISO 50001 (Only)****Please Identify the annual energy usage for the organisation:**      **Please identify all energy sources for the organisation (electricity, gas, fuel, oil, biomass etc):**       |
| **Please list the number of employees in each area/site:**(Please use additional sheets if required) | **Influence %**(Site 1) | **Influence %**(Site 2) |
| Energy system maintenance staff (internal)       |       |       |
| Energy system maintenance staff (external)       |       |       |
| EnMS Management Representative       |       |       |
| Energy Management Team       |       |       |
| Administration Staff       |       |       |
| Management / Service Area       |       |       |
| Operational Staff       |       |       |
| Quality Control / technical       |       |       |
| Storage / Warehouse       |       |       |
| Others       |       |       |

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| **ISO 22301 (Only)** |
| **Please list the number of employees with risk influence:**(Please use additional sheets if required) | **Influence %**(Site 1) | **Influence %**(Site 2) |
| Senior Management       |       |       |
| Management       |       |       |
| Administration Staff       |       |       |
| Management / Service Area       |       |       |
| Operational Staff       |       |       |
| Quality Control / technical       |       |       |
| Storage / Warehouse       |       |       |
| Others       |       |       |