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| **Section I. Company Information** |
| Company | Control No. |
| (Local) |  |  |
| (English) |  |  |
| Address |
| (Local) |  |
| (English) |  |
| Web-Site | Tel | Fax | E-mail |
|  |  |  |  |
| Company Representative | Department/Title | Wireless |
|  |  |  |
| Accountant | Department/Title | E-mail |
|  |  |  |
| ApplicableStandard |
| **[ ] ISO9001(Quality)** | **[ ] ISO14001(Environmental)** | **[ ] ISO22000 (Food Safety)** | **[ ] ISO45001/OHSAS (OH&S)** |
| **[ ] ISO22716 (Cosmetic)** | **[ ] ISO15378 (Packaging Material)** | **[ ] HACCP** |  |
| Audit Classification |
| **[ ] Initial [ ] F07-12 Transfer([ ] Surveillance [ ] Recertification [ ] Special Audit)** |
| Combined Audit  | Temporary/Multi-Sites  | Shift works |
| **[ ] Yes** (Refer to Combined Audit) **[ ] No** | **[ ] Yes**(Prepare forF06-5-3) **[ ] No** | **[ ] Yes** (Refer to Section IV) **[ ] No** |
| Date for Stage 1 (DD/MM/YY) | Date for Stage 2 (DD/MM/YY) | Total Employees (Refer to Section IV) |
|  |  |  |
| 1st Language | 2nd Language | Total Payment | Deposit |
|  |  |  |  |
| **Section II. Certification Scope** |
| Product/Service(Local/English) |  |
| Activities(shown in certificate) | [ ] Design/Development | [ ] Fabrication//Manufacture/ Processing/Production | [ ] Field Installation/Repair | [ ] Sales (Wholesale/retail) |
| [ ] Construction/ Demolition | [ ] Packaging | [ ] Storage | [ ] Transportation/Delivery |
| [ ] Servicing (Warranty: Maintenance, recycling or final disposal) | [ ] Others: |

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| **Section III. Additional Documents for Review** |
| **3.1** The applicable audit day and payment will be determined after the below documents are reviewed. |
| ▪ Organizational Chart▪ Official Employee Documents | ▪ Business or Factory Registration▪ Manufacturing process diagram (per product) | ▪ Business License/Permission▪ F06-5-3 Supporting/Multi Sites Register |
| ▪ AI-03-03 Client Profile (for EMS)▪ Hazard/dangerous substance register(EMS/OHS&SMS) | ▪ AI-08-04 Client Profile (OH&SMS) | ▪ Equipment/facility list(EMS/OHS&SMS) |
| **3.2** Prior to the certification audit, the quality manual/procedure (HACCP manual etc.) may be requested. |
| **SectionIV. Site Information**(※For multi sites, prepare for F06-5-3) |
| **4.1** | **Number of Employees** |  |
|  | Classification | Full Time Employees | Part Time | **Sum** |  |
|  | Normal | Simple/Identical1 | Repetitive2(OH&SMS) | Short Time | Full-time EquivalentSeasonal/Temporary3 |
|  |  |
|  | Employees | Applicant Organization |  |  |  |  |  |  |  |
|  | Subcontractors(OH&SMS) |  |  |  |  |  |  |  |
|  | **Effective Number of Employees in Total Within Organization** |  |  |
|  | ※In case of OH&SMS scheme, specify the number of employees away from Organization: |  |  |
|  | 1 Simple/Identical (All Schemes): Transport, Line work, Call center, Security, Sales, Cleaners, Mounting, Assembling, Packaging, Sorting2 OH&S Repetitive: Mounting, Assembling, Packaging, Sorting3 Full-time equivalent seasonal/temporary: ISO22000 or HACCP |
| **4.2** | **Shift Work**  | 1. Employees

Work Hour |  | 1. Employees

Work Hour |  | 1. Employees

Work Hour |  |
| **4.3** | **Organization with Complicated Structure** | [ ] Separate Design Center [ ] Separate Factory [ ] Separate Warehouse |
| [ ] Outsourced Process (Describe the process):  |
| **Section V. General Information for All Standards** |
| **5.1** If a management consultancy was used, describe the name and contact information: |
|  |
| **5.2** If any activity/process/service not applicable to the scope of certification, describe the number of employees and works below (except ISO22000 &ISO45001). |
|  |
| **5.3** Is the documented information required for applicable management system established? [ ] Yes [ ] No |
| **5.4** Are the internal audit & management review conducted prior to the planned onsite audit schedule? [ ] Yes [ ] No |
| **5.5** System covers highly complex processes or high number of unique activities? [ ] Yes (Describe the process below) [ ] No |
|  | [ ] Design | [ ] Purchase | [ ] Casting/molding | [ ] Forming | [ ] Acid/solvent cleaning | [ ] Mechanical processing |
|  | [ ] Blasting | [ ] Drying | [ ] Welding | [ ] Plating/ Painting | [ ] Coating/dyeing | [ ] Assembly |
|  | [ ] Inspection | [ ] Packaging | [ ] Installation | [ ] A/S (Repair) | [ ] Wholesale/retail | [ ] Production Sales(No sales office) |
|  | [ ] Construction | [ ] Demolition | [ ] Collection/Transfer | [ ] Incineration | [ ] Others: |
| **5.6** If another certification is maintained at IIC, write the certificate no.: |  |
| **5.7** If the management system certification was once maintained: |
|  | Certification Body: |  | Standard: |  | Expiry Date: |  |
| **5.8** (Transfer) If the management system certification is already registered or maintained in other certification body, |
|  | Previous audit report: | [ ] Yes [ ] No | Copy of certificate: | [ ] Yes [ ] No |
| **5.9** Describe the regulatory requirements (e.g. KS G 4001, RoHS, Medical Device Regulations, Enforceable Pharmaceutical Regulations, etc.) |
|  |
| **5.10** Level of automation of product and service (Attachment: workplace layout and robotic equipment list) [ ] High [ ] Middle [ ] Low |

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| **For ISO 14001 Only** |
| **E.1** **Preparation of Client Profile (AI-03-03)**: [ ] Yes [ ] No |
| **E.2** Do you need to apply for the views of interested parties in your policy? [ ] Yes [ ] No |
| **E.3** Describe any environmental accident within the last 3 years (including legal breaches) or likely to be arisen: |
|  |
| **E.4** Additional or unusual environmental aspects or regulatory constraints |
| [ ] Under special supervision [ ] Drinking water preservation [ ] Within industrial complex [ ] Urban [ ] Rural [ ] Other: |
| **E.5** Environmental complexitythat your company belongs to: |
| [ ] High: Typical manufacturing or processing organization with significant impacts in several of environmental aspects |
| [ ] Medium: Typical manufacturing organization with significant impacts in some of environmental aspects |
| [ ] Low: Typical assembly type organizations with few significant aspects |
| [ ] Limited: Office type organization |
| [ ] Special: Organization having with environmental sensitive products or services or storage of large quantities of hazardous materials |
| **For ISO 22000(HACCP) Only** |
| **F.1** No. of Product Category (HACCP Study): | No. of Production Line: |
| **F.2** Classification of Company Activity[ ]  Primary Production (Farming) [ ] Processing [ ]  Catering [ ]  Distribution/Service [ ]  Transportation/Storage [ ] Equipments [ ]  Packing Materials  |
| **F.3** Describe any patent and/orlegalrequirements (Small HACCP, GMP etc.): |
|  |
| **F.4** Describe any relevant management system certified (e.g. ISO 9001 food sector, HACCP, BRC, FSSC 22000, Halal): |
|  |
| **F.5** Describe any timeframe for a normal production e.g. season, date and time: |
|  |
| **F.6** Is the product development conducted? [ ] Yes [ ] No |
| **F.7** Is the testing laboratory self-controlled? [ ] Yes [ ] No |
| **For ISO45001 (or OHSAS) Only** |
| **O.1** **Preparation of Client Profile (AI-08-04)**: [ ] Yes [ ] No |
| **O.2** Do you need to apply for the views of interested parties in your policy? [ ] Yes [ ] No |
| **O.3** Describe any OH&S accidents within the last 3 years (including legal/regulatory breaches): |
|  |
| **O.4** OH&S complexitythat your company belongs to: |
| [ ]  High: Organization with significant number of OH&S hazards (trip/fall, confined space, noise/vibration, pressurized environment, dangerous/hazardous materials, powered plant, vehicle interaction, etc.)[ ]  Medium: Manufacturing, assembly, installation or service organization with a few number of OH&S hazards [ ]  Low: Office type organization |
| **O.5** Do the public members stay in the organization’s site (e.g. hospitals, schools, airports, ports, public transport)? [ ] Yes [ ] No. |
| **O.6** Describe any OH&S related legal claims you are facing with: |
|  |
| **Combined Audit** |
| Two or more management system established and implemented (e.g. Integrated internal audit, management review)? | [ ] Yes [ ] No |
| ※ Integrity of management system shall be re-reviewed during the stage 1 audit. |
| **Acknowledgement by Applicant** |
| If auditor(s) recognizes any exclusion during on-site audit and determines the processes to be included within the certification scope above; the organization is subject to provide any relevant information upon the request. Also, IIC may have a right for any person or organization, which previously provided the consultancy service to applicant or had a conflict of interest within applicant, not to be assigned in the audit.I wish to apply for the management certification described as above. However, should I need to cancel the certification; I shall notify International Industrial Certification Co. Ltd. (hereafter “IIC”) prior to 60 days of the next surveillance audit. If I failed to notify IIC before the required timeframe, I shall bear with the current periodic payment issued on my account. |
| President |  | Signature |  | Date |  |