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| GayangTechnotown 8F, 217 Heojun-ro, Gangseo-Gu, Seoul TEL: +82-2-6097-9001 • FAX: +82-2-6097-9005 • [info@iicregistrar.com](mailto:info@iicregistrar.com) | | | | | | | | | | | | | | | | | | |
| **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 Equivalent  Seasonal/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, Sorting  2 OH&S Repetitive: Mounting, Assembling, Packaging, Sorting  3 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 |  | |