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| **Company Name:** |  | | | | | |  | |
| **Contact Name:** |  | **Job Title:** |  | | | | **Please indicate how you would prefer your ongoing Surveillance visits to be scheduled** | |
| **Telephone (Office):** |  | **Primary Email:** |  | | | |
| **Telephone (Mob):** |  | **Was a Consultant used:** | **Yes** |  | **No** |  | **Annually** |  |
| **Website:** |  | **Name of Consultant if Used:** |  | | | | **6 Monthly** |  |

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| **Please indicate Standards applied for:** | | | | **Type of Application:** | |  | |
| **ISO 9001** |  | **SSIP** |  | **New Application** |  | | **If your company is applying to transfer to PQAL from another Certification Body, please provide a copy of your most recent Audit Report(s) (back to your last Re-Assessment) and a copy of your current Accredited Registration Certificate** |
| **ISO 14001** |  | **PAS 43** |  | **Re-Application** |  | |
| **ISO 45001** |  | **NHSS 17** |  | **Extension to Scope** |  | |
| **ISO 27001** |  | **NHSS 17B** |  | **Transfer Application** |  | |
| **Other (specify)** |  | | | **Reason to Transfer to PQAL** |  | | |
| **List any other Certifications your company holds** | | | | |  | | |

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| **Please provide the Scope of your business. Include reference to designing, manufacturing, services, sales, products.**  Please note that Scopes should not reference ISO Standards or Names |  | | | | | | | | | |
| **What do you consider to be the Primary Processes and Functions of your business?** |  | | | | | | | | | |
|  | | | | | | **Staff Numbers per site, covered within Scope** | | | | |
| **Are all the Company Primary Processes and Functions of the Scope Conducted Remotely?** | | **Yes** |  | **No** |  |  | ***Total Staff*** | ***Full Time*** | ***Part Time*** | ***Sub-Contract*** |
| **Addresses/Sites to be Certified (add lines if required):** | **Primary Processes and Functions of the Scope Conducted at each Address:** | | | | | |
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| **If there are a high number of employees performing** **certain identical activities, please provide further details of activities and numbers**  **Completing this section may allow PQAL to provide appropriate reductions in Audit Time** | **No of Employees Engaged in this Activity/ Process** | **Please only complete if Applying for ISO 27001** | | | |
| **No of Employees with read-only access to information to perform their duties** | **No of Employees** **with no access to the information processing facilities in scope of the ISMS** | **No of Employees** **who have specific demonstrable restricted access to the company’s information processing facilities in Scope of the ISMS** | **No of Employees who perform activities where strict limitations are implemented to restrict disclosure of information** |
| **Activity/Process** |
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| **If applying for more than one standard please indicate the level of Integration of your Management Systems (X)** | |  |  | | |
| **Please provide information about any Business Relationships your company may have** | | |
| **Do you have integrated Management System Documentation** |  |  | | |
| **Do you hold integrated Management System Management Reviews** |  |
| **Do you conduct integrated Management System Internal Audits** |  | **Please provide information about the Technical Resources required by your company, to perform the Activities referenced above** | | |
| **Do you have integrated Management System Policies/Objectives** |  |
| **Do you have integrated Management System Processes** |  |  | | |
| **Do you have integrated Management System Corrective Actions** |  |
| **Do you have integrated Management System Staff Responsibilities** |  |
| **If your company performs any work at customer-owned sites please provide detailed information about the nature of this work, including reference to the current number of customer sites being operated at** | | | |  | **Number of Temporary Customer Sites** |
|  | | | |  |
| **If your company subcontracts/outsources any work out to contractors, sub-contractors or any third party, please provide detailed information about the nature of the subcontracted/outsourced work and the type and extent of controls to be applied in order to ensure that the externally provided functions or processes do not adversely affect the effectiveness of the Management System** | | | | | |
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| **Please complete this page if Applying for PAS 43 / NHSS 17 / NHSS 17B** | | | | |
| **Please ensure that all of the Company’s Recovery Vehicles are recorded below** | | **Working on Controlled Roads** | |  |
| **Company Addresses** | **Number of Recovery Vehicles at each Company Address** | **Working on Highway Construction Sites** | |  |
| **Please indicate your Primary Categories for Vehicle Removal and Vehicle Recovery (X)** | | |
|  |  | **Motorcycles** | |  |
|  |  | **Passenger Cars and Light Commercial Vehicles** | |  |
|  |  | **Heavy Commercial Vehicles** | |  |
|  |  | **Coaches and Buses** | |  |
|  |  | **Specialist Vehicles** | |  |
|  | | **For NHSS 17B only, please indicate your reasons for Storage of Vehicles (X)** | | |
| **For Police Purposes** | |  |
| **For Protection of Evidence** | |  |
| **For Highway Authorities** | |  |
| **If you have selected Highway Authorities, please list these Highways Authorities** |  | |

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| **Please complete this page if Applying for ISO 14001** | | | |
| **Please provide details of the significant Environmental Aspects you have identified within your company** | |  | **Please provide details of any neighbouring sites or residential areas on which you may have an impact, including reference to sites of environmental, conservation or special scientific interest** |
| **Emissions to Air** |  |
| **Water Pollution** |  |  |
| **Use of Energy** |  |
| **Resource Consumption** |  |
| **Waste Storage Treatment & Handling** |  | **Please provide detailed information about any past or pending prosecutions or enforcement notices against your company for Environmental issues** |
| **Hazardous Waste** |  |
| **Energy Emissions (e.g. Heat, Noise)** |  |  |
| **Human Health** |  |
| **Flora and Fauna** |  |
| **Others** |  |

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| **Please complete this page if Applying for ISO 45001** | |
| **Please provide details of the key hazards and Health and Safety risks associated with processes, the main hazardous materials used in the processes** |  |
| **Please provide details of any relevant legal obligations coming from the applicable Health and Safety legislation that you have identified within your company** |  |
| **Please indicate whether members of the public are present on your organisation’s site (e.g. hospitals, schools, airports, ports, train stations, public transport)** |  |
| **Please indicate whether your rate of accidents and occupational diseases is higher or lower than average for your business sector** |  |
| **Please provide detailed information about any past or pending prosecutions or enforcement notices against your company for Health and Safety issues** |  |

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| **Do you require SSIP with your ISO 45001 Certification?** | **Yes** |  | **No** |  |  | | | | |
| **If Yes, please indicate which SSIP Approved Categories your company falls under** | | | | | | **Principal Contractor** |  | **Contractor** |  |
|  | | | | | | **Principal Designer** |  | **Designer** |  |
|  | | | | | | **Non-Construction** |  |  | |
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| **Please complete this page if Applying for ISO 27001** | | | | **What is the Version of your ISMS Statement of Applicability?** |  |
| **1** | **Establishment of your ISMS (Please select one of the following):** |  | **4** | **IT Platforms, Servers, Operating Systems, Databases, Networks (Please select one of the following):** | |
|  | Our ISMS has been partially implemented and is yet to be Certified |  | Our Company has many different IT platforms, servers, operating systems, databases, networks | |
|  | Our ISMS has been fully implemented and is yet to be Certified |  | Our Company has several different IT platforms, servers, operating systems, databases, networks | |
|  | Our ISMS has been fully implemented and is already Certified |  | Our Company has only a few highly standardised IT platforms, servers, operating systems, databases, networks | |
| **2** | **Computers, Telecoms, Finance, Security Printing/Stamping, Military, Healthcare, Aerospace, Rail, Human Safety Critical (Please select one of the following):** | **5** | **Dependency on Outsourcing and Suppliers (Please select one of the following):** | |
|  | Our Company works in one of the above business sectors |  | Our Company has high a dependency on outsourcing or suppliers, with a large impact on important business activities | |
|  | Our Clients work in one of the above business sectors |  | Our Company has some dependency on outsourcing or suppliers, related to some (but not all) business activities | |
|  | Neither our Company, nor our Clients work in one of the above business sectors |  | Our Company has little or no dependency on outsourcing or suppliers | |
| **3** | **Processes, Products and Services (Please select one of the following):** | **6** | **System/Application Development (Please select one of the following):** | |
|  | Our Company provides a high number of products and services, with unique complex processes |  | Our Company has extensive in-house or outsourced system/application development, for important business purposes | |
|  | Our Company provides a high number of products and service, with standard but non-repetitive processes |  | Our Company has some in-house or outsourced system/application development, for some business purposes | |
|  | Our Company provides a limited number of products and services, with standard and repetitive processes |  | Our Company has very limited in-house system/application development | |

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| **FINAL CONFIRMATION OF DETAILS AND APPLICATION** | | |
| I hereby confirm that the details recorded above are true and correct (to the best of my knowledge) and that I have reviewed and agree to abide by the PQAL Terms and Conditions  I also confirm that my company have not received any training or other services (except for certification) from PQAL within the previous two-year period | **Name** |  |
| **Position in the Company** |  |
| **Date** |  |

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| **Should PQAL be Required to Conduct any Audits Remotely, please tick to indicate your acceptance of the following:** | |  | | **How did you hear about PQAL**  **(Peers Quality Assurance Ltd)?** | |
| **Meetings by means of teleconference facilities, including audio, video, and data sharing** |  |  | **UKAS Website** | |  |
| **Audit of documents and records by means of remote access** |  | **Internet Search** | |  |
| **Recording of information and evidence by means of still video, video, or audio recordings** |  | **Recommendation from your Consultant** | |  |
| **Providing visual/audio access to remote or potentially hazardous locations** |  | **Recommendation from another Company** | |  |
|  | | **Linkedin** | |  |
| **Facebook** | |  |
| **Other** | |  |