

TNV System Certification Pvt. Ltd. Inquiry Form (ISO 9001, ISO 14001, ISO 45001, ISO 27001, ISO 22301 & ISO 37001)

Inquiry Form

A. Basic Informa	tion:			-	•										
Name of Company	y:														
Services required		QMS			EMS				О	HSMS			ISMS		
		ABMS	h		BCMS										
Accreditation Req	nired	ADMS	<u> </u>		DCMS		<u> </u>		<u> </u>		<u> </u>				
Postal Address	uncu														
Phone/ Mobile							1	Webs	ito						
Email:							_	Legal		ofue					
Scope Scope								Legai	ısı	atus					
	tation of standards	Impleme	nni	tod	_		1	Not v	ot l	Impleme	nto	d			
	atory Requirements				oturo Wor	lr	_	NOT y	et i	impieme	inc	u			
	ystem Certification)	. (Refateu	ιο	uie iv	ature wor	N.									
	ss: if any; which effe	ects the co	nf	formity	of the		_								
product/service	ss. If any, which crit	cts the co	,111	Offinity	or the										
	ced process, what t	vne and e	x t	ent of	controls h	ave	`								
	der to ensure that the														
	ot adversely affect th					0110	^								
	sourced process he					and	1								
	ization's ability to n														
compliances?	,	J		1		0									
	on & Activities the	reat													
	Main Site			1	Additiona	1 S	ite	(if an	ıy)	Temporary Site (if any)					
Address												•			
Activities															
Core Process															
Support Process															
	oloyee: (For multi-s	ite, indica	ite	all sit	es to be c	ove	ere	d und	ler	certifica	atio	n) (If	there are a	ny	
	which you are clain														
1 0	Main Site	Addition								Tempora					
Full time										•	•				
Part Time															
Shift															
Similar work															
C. QMS		III													
Quality Manager	nent System											Yes	s [No	
Is the category "de	esign and developme	ent" includ	de	d in the	e activities	to	be	certif	fied	?					
Is there any proces	ss that affects produc	ct conforn	nit	y outso	ourced?										
Exclusions if any?)			•											
D. EMS															
Environmental M	Ianagement Systen	<u>1</u>								Yes	S		□ No		
Is there any proces	ss that affects produc	ct conforn	nit	y outso	ourced?										
Details of the sites	s; your company ma	naging at	the	e same	time?										
A Register of Sign	nificant Environmen	t aspect?													
An Environmental	l Management Manu	ıal?													
An Internal Enviro	onmental Audit Prog	gramme?													
Has the Internal E	nvironmental Audit	Programn	ne	been i	mplement	ed?	?								
Kindly provide lis	t of significant aspec	cts & licer	ıse	e requi	red?										
Storage condition	& Permitted Quanti	ties of haz	ar	dous n	naterial?					Please	give	e deta	ails of the h	azardous	
													nitted Quar		
E. QMS EMS Ne	w version special ii	nformatio	n												
	nation requiremen			001:20	015 & ISC)		Do	cui	mented	or 1	ot			
1. Policy									Υe	es			No		
2. Identification and methodology of Risk						Yes			_=	No					
3. Risk Treatment Plan							Yes			_=	No				
4. Risk Assessment Report						Yes			_=	No					
5. Statement of Applicability w.r.t. QMS & EMS								Yes No							
	required by the sta			1/11	.~			+片	Ye			_	No		
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7. Interna	al Audit					1	Yes			No		
8. Detail of the service outsourced										☐ No		
F. OHS&MS:						•						
OHS&MS Cert								Yes)	
Details of the sit	tes; your co	mpany ma	naging at the	same ti	me							
Applicable Legal & Statutory Requirements?												
Hazard's Identified? Please detail any critical occupational health & safety risks identified?												
•	y critical oc	cupational	health & sat	ety risks	identifie	d?						
G. FSMS	Alon ICO	2000.2016)					Yes		□ NI.		
FSMS Certification ISO 22000:2018 [Details & Number of HACCP implementation or Study/CCP identified										∐ No)	
How much sites						IIIIICU						
No. of process li	•	ipany man	aging at the	same u	1110.							
No of shifts?												
	ity Issue (I	Please speci	ify the produ	ction per	riod, if ar	ny)						
	Define Seasonality Issue (Please specify the production period, if any) Define specific Issue for locality, industry, legislation, organization if any											
Does your comp							em [Yes			No	
like QMS						<u> </u>						
H. CERTIFICA		OGRAM	ME REQUE	STED								
	Initial certification Recertification											
	Combination audit Transfer Cum Surveillance In the case of several certification programmes, would you like the audits to be combined in the case of several certification programmes, would you like the audits to be combined in the case of several certification programmes.											
					like the	audits to	be con	bined	or c	arried out	separately?	
If the answer is												
IN case of recer	tification, p	lease provi	ide following	nform	ation:							
I. Recert	ification I	formation	•									
I. Recertification Information: Certificate Issue Valid Is there is any Change in Transition information										Importan	t Change	
number										since initial audit		
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -												
J. ADDITIONA												
Have You Speci				nieving I	Registrati	on?						
Have you called on the services of a consultant?												
If yes, please specify which one:												
Name of Representative:- Is any way Business Associate/Promoting Firm involved other than marketing?												
								. J D .1:	- C			
Declaration: The Name	ie informat	ion provide	e above is tru		Signatur		ieage ai	ia Beii	ei.			
				Sear &	Signatui	C						
Designation Date												
Date												
			NV System					LY:-				
Does accreditati	on request	is available	with the TN	V (Refe	r accredi	tation let	tter)					
Does territory of	f the applic	ation is in a	active list (Re	efer accr	editation	letter)						
Does Scope den	nand is ava	ilable with	the TNV (Re	efer accr	editation	letter)			1		1	
Does MSS reque												
REVIEWED BY		-	,			-			1	DATE:	+	
Can the application be further processed?									Ħ	Yes	□ No	
Comment: (if Any)										103	1 110	
Note:		nlicable Please 611	aly relevant part of the for	m Incomplete	nnlication form	ay not be consid	ered and mo	ne rejected				
2. Temporary S	ite means a Location	(physical or virtual) w	here a client organization	performs specif	ic work or provide	es a service for a	finite period o	f time and wh			e a permanent site. t be considered a virtual site	
where the proc 4. Application for	cesses must be execut orm can be filled on lin	ed in a physical environe on MIS, to obtain a	nment, e.g., warehousing log in details, please con	, manufacturing tact at info@tnv	, physical testing l group.org	aboratories, insta	allation or repa	irs to physical	product	ts.		
	f the application can internal review purp		AM, QM, country head of	or any other auth	norized personal,	acceptance of the	e application (loes not mear	accept	ance of application,	but this is an acceptance of	

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