



# HACKIZEN ASSESSMENTS PRIVATE LIMITED

## APPLICATION FORM

<b>Date of Application</b>									
<b>Name of the Company</b>									
<b>Address</b>									
<b>Website, Email and Phone number</b>									
<b>No of Sites</b>									
<b>Site 1 Address</b>									
<b>Site 2 Address</b> (For more site attach separate Sheet)									
<b>Contact Person Name and Designation</b>									
<b>Legal Status</b>		Company: Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt Undertaken <input type="checkbox"/> PSU <input type="checkbox"/> NGO <input type="checkbox"/> Other <input type="checkbox"/>							
<b>Statutory and Regulatory Requirement</b>									
<b>Accreditation Required</b>		EGAC <input type="checkbox"/>							
<b>Certification Scheme</b>		ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/>							
<b>Scope of Certification</b>									
<b>Exclusion if any</b>		<b>Clause</b>		<b>Justification</b>					
<b>Outsourced Process, If any</b>									
<b>No. of Employees</b>	<b>Location</b>	<b>Shifts</b>	<b>Full Time</b>	<b>Part time</b>	<b>Performing Same type of Job</b>	<b>Temporary Unskilled workers</b>	<b>Effective No. of Employees</b>		
	Site 1								
	Site 2 (Temporary)								
	TOTAL								
<b>Other Type of Employees (If Any):</b>									
<b>Certification Program Required</b>		Initial <input type="checkbox"/>		Surveillance <input type="checkbox"/>		Recertification <input type="checkbox"/>		Transfer <input type="checkbox"/>	
<b>Combined Audit</b>		In the case of several certification programmes, would you like the audits to be Combined or carried out separately? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, please specify which combination of Standards:							
		Is Internal Audit is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Is MRM is Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Is Manual, Procedures are Combined: <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Is Implemented System is Integrated: <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Is Already Certified for any Standard</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:							
<b>Is Consultants Involved</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Consultants:							
<b>Key Business Process Involved</b>									
<b>Additional Information Required</b>									
<b>EMS</b>		How many Sites the company is Managing at the same time? Do you have Register of Significant Environment aspect? <input type="checkbox"/> Yes <input type="checkbox"/> No							



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	Do you have an Environmental Management Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Do you have an Internal Environmental Audit Programme? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Has the Internal Environmental Audit Programme been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>OHSMS</b>	Hazard's Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No Detail any critical occupational health & safety risks identified?				
<b>DECLARATION:</b> The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.					
<b>Name</b>		<b>Designation</b>		<b>Signature</b>	
<b>HAPL Official Use</b>					
Can the Application Proceed for Application Review: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Name of Application reviewer</b>		<b>Signature</b>		<b>Date</b>	

\*Delete or Leave whichever is not applicable