|  |
| --- |
|  |
| **NOTES ON THE COMPLETION OF THE REQUEST FOR QUOTATION (RFQ) FORM** |
|  |
|  |
| Dear Organisation Representative,  Before we can prepare an offer, we need some information about your organisation and staff. Please complete this Request for Quotation (RFQ) form from sections 1 to 14 and the relevant Appendix A, B, C or D for the particular standard. All information supplied will be treated with strict **confidentiality**. Your completion of this RFQ does not commit you to using our services and no fee will be charged for submission of the RFQ.  **Guidance on Return of Forms**   1. On receipt of this completed enquiry form, ZABS will prepare and submit a ***no obligation*** proposal detailing the assessment, certification and other costs. 2. Please return in electronic format via email [certification@zabs.org.zm](mailto:certification@zabs.org.zm) or alternatively in hard copy delivery to the following address:   Certification Services  Zambia Bureau of Standards  Lechwe House, Freedom Way - South End  P.O. Box 50259  ZA 15101 Ridgeway  Lusaka, Zambia   1. For any enquiries regarding completion of this form please contact us on +260 (0)777 764421 or email our certification unit [certification@zabs.org.zm](mailto:certification@zabs.org.zm). |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| 1. **ORGANISATION DETAILS** | | | | | | | |
|  | |  | |  | |  | |
| Organisation Name |  | | Contact Person | | | |  |
|  | | | | | | | |
| Physical Address |  | | Position | | | |  |
|  |  | |  | |  | |  |
|  |  | | Mobile | | | |  |
|  |  | |  | |  | |  |
|  |  | | Email | | | |  |
|  | | | | | | | |
| Postal Address |  | | Website (If applicable) | | | |  |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| 1. **SERVICES REQUIRED** (please tick) | | | |
|  | | | |
| Certification |  | Renewal of Certification |  |
|  | | | |
|  | | | |
| Extension of Scope |  | Transfer of Certification |  |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
| 1. **STANDARD/SCHEME** (please tick) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ISO 9001:2015 (Quality Management)  **Complete all sections and Annex A** | | | | | | | |  | | ISO 45001:2018 (Health & Safety)  **Complete all sections and Annex D** | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ISO 14001:2015 (Environmental Management)  **Complete all sections and Annex B** | | | | | | | |  | | GMP (Food Safety)  **Complete all sections and Annex C** | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| ISO 22000:2018 (Food Safety)  **Complete Annex C** | | | | | | | |  | | HACCP (Food Safety)  **Complete all sections and Annex C** | | | |  | | | |
| Other Management Systems  **Specify and complete all sections** | | | | | | | |  | | **Specify:** | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. **INTEGRATED MANAGEMENT SYSTEMS** | | | | | | | | | | | | | | | | | |
|  |  | | | | |  |  | |  | | |  | |  | |  | |
|  | | | | | | | | | | | | | | Yes | | No | |
|  | | | | | | | | | | | | | | | | | |
| Is your management system integrated? | | | | | | | | | | | | | |  | |  | |
|  | |  | |
| If no, go to Section 5. | | | | If yes, which management system standards are integrated? | | | | | | | | |  | | | | |
|  | | | | | | | | | | | |  | |  | |  | |
| The management system has an integrated approach to: | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | |  | | | | | |  | | |
|  | | Yes | | | Partially | | | No |  | | | | Yes | | Partially | | No |
|  | | | | | | | | | | | | | | | | | |
| Policy and objectives | | |  | |  | | |  |  | | Management reviews | |  | |  | |  |
|  | | | | |  | | | |  | | | | | |  | | |
| System processes | | |  | |  | | |  |  | | Corrective actions | |  | |  | |  |
|  | | | | |  | | | |  | | | | | |  | | |
| Documentation | | |  | |  | | |  |  | | Risk management | |  | |  | |  |
|  | | | | | | | | | | | |  | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |  | | | | | | | |
| 1. **TRANSFERRING YOUR CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | |  |  | | | | | |  |  | | | | | | | | | | | | | |  | | |
| Are transferring your certification? | | | | | | | Yes | | | | No | | | If no, go to Section 6. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | If yes, please answer the following questions: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |
| Which certificates do wish to transfer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Certificate No. | | Standard | | | | | | Valid Until Date | | | | | | | | | Certification Body (CB) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are your certifications currently active and are not in suspension or withdrawal? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Have any complaints been raised against your organization to your CB? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Is a regulatory body currently investigating you in relation to activities you are certificated for? e.g. ZEMA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any major non-conformities your current CB has not verified corrective actions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any minor non-conformities your CB has not yet accepted your corrective action plans? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How frequently do you receive audits from your current certification CB: | | | | | | | | | | | | | | | | | | | | Annual | | | |  | | | | 6 Monthly | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please detail your last audits up to and including the latest recertification or stage 2 audit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audit Type (Surveillance/Recert/Stage 2/Special) | | | | | | | | | | | | | | | Audit Duration | | | | | | | | Audit Date(s) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To support your transfer please provide the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copies of your certificates | | |  | | | | | | Audit reports for all audits conducted up to and including your last Recertification or Stage 2 audit | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 1. **EMPLOYEE INFORMATION** (Main site or HQ) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Total no. of Employees | | | |  | | | | | | | | No. of shifts | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| If you only have one shift, complete shift 1 details only. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Shift* | | | Shift 1 | | | | | | | | | Shift 2 | | | | | | | Shift 3 | | | | | | | | Total Employees | | | | | | | | | | |
|  | | |  | | | | | | | | |  |  | | | | | |  | | | | | | | |  | | | | | | | | | | |
| *Shift times* | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Finance | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Human Resources | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marketing/sales | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Logistics | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Production and/or services | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engineering/Maintenance | | |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Subcontracted | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temporal/Unskilled | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Total Employees* | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| Percentage of employees not involved in any way in activities related to the products requiring certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are significant number of your employees involved in the same basic similar tasks e.g. machine operators, sales persons, drivers etc.? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | |
|  | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, please give details of the tasks and the number of employees involved.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| 1. **MULTI-SITE** | | | | |
|  | | | | |
| Do you have additional sites for which you are seeking certification? (please tick) | Yes |  | No |  |
|  | | | | |
| If yes, please contact us to request a Site Supplement Spreadsheet | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
|  | |  |
| 1. **REQUESTED SCOPE OF CERTIFICATION** | |  |
|  | |  |
|  | |  |
| Please list the range of products and/or services that your organization provides: |  | |
|  | |  |
| Please list the main functions within your organization (e.g. design, engineering, production, service, management, marketing, sales): |  | |
|  | |  |
| Please list core processes (e.g. assembly, machining, consulting services, food service, electricity generation) & main technologies used: |  | |
|  | | |
| Do you provide installation, contract site works or undertake your business activity at client locations? (please tick) | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | | | | | Yes |  | No |  | | | |
|  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| 1. **OUTSOURCED ACTIVITIES** | | | | | |
|  | | | | | |
| Do you have outsourced or subcontracted activities? (please tick) | | | | | |
|  | | | | | |
|  |  | Yes |  | No |  |
|  | | | | | |
| If yes, please details of outsourced or subcontracted activities: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| 1. **STAGE OF IMPLEMENTATION** (please tick) | | | |
|  | | | |
| At what stage of implementation are you in? | | | |
|  | | | |
| Researching |  | Implementing |  |
|  | | | |
| System in place |  | Already certified |  |
|  | | | |
|  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| 1. **CONSULTANT USE** | | | |  | | |
|  | | | |  | | |
| Will you be using or have you used a consultant to help you implement/manage the management system? (please tick) | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide the consultant’s details below | | | | | | |
|  | | | | | | |
| Consultant’s name |  | | | | | |
|  | | | |  | | |
| Mobile |  | | | | | |
|  | | | |  | | |
| Email |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  | |  |
| 1. **TARGET ASSESSMENT DATE** (Only for new clients) | | | | | |  | |  |
|  | | | | | |  | |  |
| Do you have a target assessment date? | Yes |  | No |  | If yes, please indicate the date: | |  | |
|  | | | | | |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  |  | |
| 1. **WHERE DID YOU HEAR ABOUT ZABS?** (Tick all that apply)) | | | |  |  | |
|  | | | |  |  | |
| Already a client |  | Consultant |  | ZABS website | |  |
|  | | | |  | |  |
| Recommendation from another company |  | Search engine e.g. Google |  | Trade publication | |  |
|  | | | |  | |  |
| Exhibition |  | Social media |  |  | |  |
|  | | | |  |  | |
| Other (Please specify) | | | | | | |
|  | | | |  |  | |
|  | | | | | | |
|  | | | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **14. COMPLETED BY** | | | | | | | | | | | | |
|  |  | | |  |  |  |  |  | |  |  |  |
| Name | | |  | | | | Date | |  | | | |
|  | |  | | | | | |  | |  |  |  |
| Position | | |  | | | |  | |  | | | |
|  | | | | | | | | | | | | |

***Please ensure that annexes A, B, C and D of this form are also completed (as appropriate)***

ANNEX A – QUALITY MANAGEMENT SYSTEMS

**Only complete this section if applying for certification to the ISO 9001:2015 standard.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | |
|  | | | | |  | | |
| **A1 DESIGN WORK AND NON-APPLICABLE REQUIREMENTS** | | | | | | | |
|  | | |  |  | |  |  |
| Do you undertake design and development of products and services? (please tick) | | | Yes |  | | No |  |
|  | | | | |  | | |
|  | | | | | | | |
|  | | | | | | | |
| If yes, number of staff engaged in design activity: | |  | | | | | |
|  | | | | |  | | |
| Please list the requirements of ISO 9001 that you do not deem applicable to the proposed scope of the management system: | | | | | | | |
|  | | | | | | | |
| Clause | Reason | | | | | | |
|  | | | | |  | | |
|  |  | | | | | | |
|  | | | | | | | |
|  |  | | | | | | |
|  | | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |
| **A2 PERMITS/LICENCES TO OPERATE** | | |  | | | |
|  | | |  | | | |
| Are your products and/or services subject to any permits/licences from a regulatory body? | | Yes | |  | No |  |
|  | | |  | | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | |  | | | |
| Sites or locations where these apply |  | | | | | |
|  | | |  | | | |

ANNEX B – ENVIRONMENTAL MANAGEMENT SYSTEMS

**Only complete this section if applying for certification to the ISO 14001:2015 standard. The answers should consider all sites applying for certification.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **B1 PERMITS/LICENCES TO OPERATE** | | | |  | | |
|  | | | |  | | |
| Are your operations subject to any permits/licences from a regulatory body? | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **B2 DISCHARGES TO WATER/SEWER** | | | |  | | |
|  | | | |  | | |
| Do you produce any industrial effluent (other than domestic sewage and surface water)? (please tick) | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **B3 DISCHARGES TO AIR** | | | |  | | |
|  | | | |  | | |
| Do you produce any industrial pollutants or contaminants to air? (please tick) | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **B4 WASTE** | | | |  | | |
|  | | | |  | | |
| Do you produce hazardous, special or clinical waste? (please tick) | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **B4 NOISE AND NUISANCE** | | | |  | | |
|  | | | |  | | |
| Have you had complaints with respect to noise or other nuisances (smoke, dust, fumes, odours or other escapes) from your premises? (please tick) | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **B4 SITE SENSITIVITY** | | | |  | | |
|  | | | |  | | |
| Are there any surface waters (rivers, lakes, streams, etc.) or boreholes within or adjacent to the site boundaries? | | Yes |  | | No |  |
|  | | | | | | |
| Is your site overlying groundwater of significance (e.g. major / minor aquifer)? | | Yes |  | | No |  |
|  | | | | | | |
| Do you have heritage or archaeological sites (historical sites, burial mounds etc.) on site? | | Yes |  | | No |  |
|  | | | | | | |
| Is the site within or adjacent to any designated nature conservation sites including national park, or special areas of conservation? | | Yes |  | | No |  |
|  | | | | | | |
| Are there any other conservation issues at the site? | | Yes |  | | No |  |
|  | | | | | | |
| Is there evidence to suggest land contamination requiring clean-up is present at the site? | | Yes |  | | No |  |
|  | |  |  | |  |  |
|  | | | |  | | |
| If you have answered yes to any of the above questions, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

ANNEX C – FOOD SAFETY SYSTEMS

**Only complete this section if applying for certification to the GMP, HACCP and/or ISO 22000:2018 standard(s). The answers should consider all sites applying for certification.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **C1 PREMISES AND LOCATION** | | | |  | | |
|  | | | |  | | |
| Is your site within an area with heavy industrial activities (refining, mining, chemicals, steel production, cement production etc.? | | Yes |  | | No |  |
|  | | | | | | |
| Is your site within or adjacent to any environmentally polluted areas? | | Yes |  | | No |  |
|  | | | | | | |
| Is your site within an area subject to flooding? | | Yes |  | | No |  |
|  | | | | | | |
| Is the site within an area prone to infestations by pests? | | Yes |  | | No |  |
|  | | | |  | | |
| If you have answered yes to any of the above questions, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |
| Sites or locations where these apply |  | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **C2 PRODUCTION LINES** | | | |  | | |
|  | | | |  | | |
| Please state the number of production lines: |  | | | | | |
|  | | | | | | |
| Are your operations affected by any seasonality factors? | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| **C3 HACCP PLANS** *(For HACCP or ISO 22000 certification only)* | | |  |
|  | | |  |
| Please state the number of HACCP Plans: | |  | |
|  | | | |
|  | | |  |
| Sites or locations where these apply |  | | |
|  | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| **C4 PRODUCT CLAIMS** | | | |  | | |
|  | | | | | | |
| Do you make any claims on your products e.g. Free From, Organic etc.? | | Yes |  | | No |  |
|  | | | |  | | |
| If yes, please provide details: |  | | | | | |
|  | | | | | | |
|  | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |
| **C5 PERMITS/LICENCES TO OPERATE** | | |  | | | |
|  | | |  | | | |
| Are your operations subject to any food-related permits/licences from a regulatory body? | | Yes | |  | No |  |
|  | | |  | | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | |  | | | |
| Sites or locations where these apply |  | | | | | |
|  | | |  | | | |

ANNEX D – HEALTH AND SAFETY MANAGEMENT SYSTEMS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **D1 HAZARDS** | | | | | |
|  | | | | | |
| Do you have use/perform any of the following items/activities or are exposed to the mentioned hazard? (please tick as appropriate) | | | | | |
|  | | | | | |
| Manual Handling |  | Working at heights/depths |  | Electrical Plant/Equipment |  |
| Steam Boiler/Receivers |  | Lifting Equipment |  | Compressed Air |  |
| Woodwork |  | Ionising Radiation |  | Construction/Building |  |
| Abrasive Wheels |  | Lead/other materials |  | Pressurised Systems |  |
| Noise |  | Toxic Waste treatment/disposal |  | Pesticides/Herbicides |  |
| Manual Handling |  | Liquefied Petroleum Gas (LPG) |  | Diving |  |
| Working in the proximity of water |  | Railways |  | Armaments/Weapons |  |
| Food Preparation/Processing |  | Machine Tools |  | Explosives |  |
| Transport of Dangerous material |  | Road Haulage |  | Asbestos removal etc |  |
| GM Organisms |  | Gas/Safety/appliances |  | Work with dangerous animals |  |
|  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |
| **D2 PERMITS/LICENCES TO OPERATE** | | |  | | | |
|  | | |  | | | |
| Are your operations subject to any occupational health and safety related permits/licences from a regulatory body? | | Yes | |  | No |  |
|  | | |  | | | |
| If yes, please provide details below: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | |  | | | |
| Sites or locations where these apply |  | | | | | |
|  | | |  | | | |