



# STARCERT CERTIFICATION SERVICES PVT. LTD

## APPLICATION QUESTIONNAIRE FOR MANAGEMENT SYSTEM CERTIFICATION

101 Pratap Nagar, Mayur Vihar, Phase-1, New Delhi 110091, India  
 e-mail: director@starscert.com, Website: www.starscert.com

Date of Application			
Name of the Company			
Name of Concerned Person			
Position / Designation			
Mobile Number, Website, E-mail			
Scope of Certification			
Key Process Involved			
Outsourced Process, If any			
Statutory and Regulatory Requirement			
Certification Scheme	ISO 9001:2015 <input type="checkbox"/>	ISO 14001:2015 <input type="checkbox"/>	ISO 45001:2018 <input type="checkbox"/>
	ISO 22000:2018 <input type="checkbox"/>	ISO 13485:2016 <input type="checkbox"/>	ISO 20000-1:2018 <input type="checkbox"/>
			ISO 27001:2022 <input type="checkbox"/>
			ISO 50001:2018 <input type="checkbox"/>
Central Function Address (Head Office/Corporate Office)		Processes/Activities	shift and timing
			Total No of employees
Multi Locations		Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Please fill the Annexure-A)	
Integrated Scheme		Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes Please fill the Annexure-A)	
Employees Status (Applicable to only 9001, 14001 & 45001)	No of Employees Full Time Different job		
	No of Employees performing same type of Job		
	No of Part time Employees		
	No of Temporary Workers		
	No of Unskilled workers		
	Total Number of Employees		
No of Effective Employees for EnMS	No of personnel shall be who materially impact to EnMS and includes Top Management, MR		
	No of Team member Energy Management Team		
	No of Persons responsible for major changes affecting energy performance		
	No of Persons responsible for developing, implementing or maintaining energy performance, improvements including objectives, targets and action plans		
	No of Persons responsible for significant energy uses		
	Total Number of Effective Employees for EnMS		
Accreditation	NABCB <input type="checkbox"/>	Compliance <input type="checkbox"/>	
Non Applicability of	Clause	Justification	

clause, if any				
Certification Program Required	Initial <input type="checkbox"/>	Surveillance <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>
Do you have a specific Programme/Timescale for achieving Registration	Yes <input type="checkbox"/> NO <input type="checkbox"/>			
Is Consultants Involved? If yes Specify the Name of Consultant	Yes <input type="checkbox"/> NO <input type="checkbox"/>			
Combined Audit	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 :			
Is Already Certified for any Standard	Yes <input type="checkbox"/> No <input type="checkbox"/> If Answer is Yes Mention Name of the Standard:			
<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 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>FSMS</b>	HACCP Implementation or Study Conducted : <input type="checkbox"/> Yes <input type="checkbox"/> No No of HACCP Studies : No of Sites: No of Process Lines : Processing is Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/>			
<b>OHSMS</b>	Explain the Hazards identified : Detail any OHS Risk Associated with process : Material Used in Hazardous Process : Legal Obligation arising from OHS Legislation:			
<b>MDQMS</b>	a) Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling) Yes <input type="checkbox"/> No <input type="checkbox"/> b) Is the product intended to be a component/part of a medical device? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g. relabeling, remanufacturing of other medical devices)? Yes <input type="checkbox"/> No <input type="checkbox"/> d) Is the product supplied sterile? Yes <input type="checkbox"/> No <input type="checkbox"/> e) Does the product contain software developed by the client organization or a supplier? Yes <input type="checkbox"/> No <input type="checkbox"/> f) Is "Design and Development" in the scope of the ISO 13485 certification (e.g. when public law permits exclusion of design and development which is the case very often for low-risk medical devices)? Yes <input type="checkbox"/> No <input type="checkbox"/> g) Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>EnMS</b>	Annual Energy Consumption (TJ) : No of Energy Sources : Number of significant energy uses (SEUs):			
<b>ISMS</b>	Do you have confidentiality information that would be excluded during onsite audit (Give In detail)			
<b>ITSMS</b>	Is any ITSMS records cannot be made available for review by the audit team because they contain confidential or sensitive information and to provide the corresponding			

justification. Kindly provide list of such information.

**Additional Information Required for ISMS/ITSMS (Tick one in each box)**

Critical business sectors are sector that may affect critical public services that will cause risk to health, security, economy, image and governmental ability to function that may have a very large negative impact to country

Business and organization Complexity	Types of Business and regulatory Requirement	<input type="checkbox"/> Organisation work in non-critical business sector and non-regulated sector (1) <input type="checkbox"/> Organisation has customer in critical business sector. (2) <input type="checkbox"/> Organisation works in critical business sector.(3)
	Process and Task	<input type="checkbox"/> Standard Process with standard and repetitive task i.e. lots of persons doing work under the organization's control carrying out the same tasks, few product or services. (1) <input type="checkbox"/> Standard but not repetitive process with high number of products or services. (2) <input type="checkbox"/> Complex Process, High number of products and services, many business units included in scope of certification. (3)
	Level of establishment of the Management System	<input type="checkbox"/> ISMS is already well established and/or other management system are in place. (1) <input type="checkbox"/> Some elements of other Management system are implemented, others not (2) <input type="checkbox"/> No other Management system implemented at all, ISMS is new and not established. (3)
IT Environment Complexity	IT Infrastructure Complexity	<input type="checkbox"/> Few or highly standardized IT platforms, servers, operating system, database, networks etc <input type="checkbox"/> Several different IT platforms, servers, operating system, database, networks etc <input type="checkbox"/> Many different IT platforms, servers, operating system, database, networks etc
	Dependency on outsourcing and suppliers including cloud services	<input type="checkbox"/> Little or no dependency on outsourcing (1) <input type="checkbox"/> Some dependency on outsourcing or suppliers, related to some but not all important business activities. (2) <input type="checkbox"/> High dependencies on outsourcing or supplier, large impact on important business activities. (3)
	Information System Development	<input type="checkbox"/> Non or very limited in house system/application development (1) <input type="checkbox"/> Some in house or outsourced system/application development for some important business purpose. (2) <input type="checkbox"/> Extension in house or outsourced system/application development for important business purpose. (3)

**DECLARATION:** 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>	
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**SCS Official Use**

**Can the Application Proceed for Application Review :**       Yes       No

Name of Officer		Name of Application reviewer		Date	
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## Annexure A

<b>Multi-Locations Information</b>				
Internal Audit (including CAR) and MRM are responsible by Central Function: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Locations	address	shift and timing	Number of employees	Processes/Activities
Central Function e.g. Head/ Corporate Office				
Site 01				
Site 02				
Site 03				
Site 04				
Site 05				
Site 06				
Site 07				
Site 08				
Site 09				
(If more locations, Please attach in separate sheet)				
Locations	Scope of Certification			
Central Function e.g. Head/ Corporate Office				
Site 01				
Site 02				
Site 03				
Site 04				
Site 05				
Site 06				
Site 07				
Site 08				
Site 09				
<b>Integrated Management System Details:</b>				
In the case of several certification programmes, would you like the audits to be Integrated <input type="checkbox"/> Yes <input type="checkbox"/> No				
Select the Schemes	ISO 9001:2015 <input type="checkbox"/>	ISO 14001:2015 <input type="checkbox"/>	ISO 45001:2018 <input type="checkbox"/>	
	ISO 22000:2018 <input type="checkbox"/>	ISO 50001:2018 <input type="checkbox"/>	ISO 13484:2016 <input type="checkbox"/>	
	ISO/IEC 27001:2022 <input type="checkbox"/>	ISO/IEC 20000-1:2018 <input type="checkbox"/>		
Following documents are made integrated				
a	An integrated documentation set, including work instructions to a good level of development, as appropriate; Yes <input type="checkbox"/> No <input type="checkbox"/>			
b	Management Reviews that consider the overall business strategy and plan; Yes <input type="checkbox"/> No <input type="checkbox"/>			
c	An integrated approach to internal audits; Yes <input type="checkbox"/> No <input type="checkbox"/>			
d	An integrated approach to policy and objectives; Yes <input type="checkbox"/> No <input type="checkbox"/>			
e	An integrated approach to systems processes; Yes <input type="checkbox"/> No <input type="checkbox"/>			
f	An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement) Yes <input type="checkbox"/> No <input type="checkbox"/>			
g	Integrated management support and responsibilities. Yes <input type="checkbox"/> No <input type="checkbox"/>			