




ISO 14001 SMEA OHSAS 18001 PEFC ISO 9001 VHU GES ISO 22000 3D ICPE DC

Name of the entity	
Adress	
Country	
Concerning the management system	Concerning the accounting information
Name of the interlocutor	Name of the interlocutor
Activity	Activity
Phone	Phone
Fax number	Fax number
E-mail	E-mail

Name and address of the site to be audited
Remark : Beyond 2 sites, thank you for filling a new index form by site.

Wished Services	Chosen Standards
<input type="checkbox"/> Certification diagnosis <input type="checkbox"/> Audit of certification <input type="checkbox"/> follow-up audit <input type="checkbox"/> Audit of renewal <input type="checkbox"/> Engineering of certification <input type="checkbox"/> EMAS vérification (Eco Management and Audit Scheme)	<input type="checkbox"/> ISO 14001 (2004) <input type="checkbox"/> EMAS <input type="checkbox"/> ISO 9001 (2008) <input type="checkbox"/> OHSAS 18001 (2007) <input type="checkbox"/> ILO-OSH (2001) <input type="checkbox"/> ISO 22000
	
<i>Remark : According to your project, also complete the corresponding Appendix : ISO 14001/ SMEA, ISO 9001, OHSAS 18001.</i>	

scope of your management system : *Description of the specifies activities, products, services and geographical zone concerned.*

Exclusion (s) : *activities or geographical zone not covered by the management system, among which the outsourced activities. These last ones will not appear in the scope of certification.*

Date or period wished for the audit From _____ to _____

Information relative to your entity

Global activity (Code NAF)	Total staff
Number of buildings	Administrative employees
Covered surface	Staff in team
Creation site date	Number of teams
Date starting up of the activity	Seasonal staff
	Number of present subcontractors permanently on the site
Night work	<input type="checkbox"/> no <input type="checkbox"/> yes
Are there other languages that French used?	<input type="checkbox"/> no <input type="checkbox"/> yes <i>If yes, specify :</i>
Outsourced processes	<input type="checkbox"/> no <input type="checkbox"/> yes <i>If yes, specify :</i>

Already certified or approved entity no yes

Standards and date : _____
 Name of the certification body : _____

JOIN THE DOCUMENTS BELOW :

- List of the activities and the main processes exercised on the audited site ;
- List of the main Intrants (raw materials and materials) of your processes or operational activities ;
- List of the main equipments or the equipments used in the activities and proceeded ;
- Plan of location of concerned site, allowing to arrest the context of concerned site (number of buildings, neighborhood, river, protected spaces, zone of activity, etc.).

Common part Environment / Safety / Quality / Food safety (several standards audits)	Documentary management	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Audit	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Monitoring and measurement	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Nonconformity	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Records	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Review of Direction	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Your management system: date of effective implementation	Drafted policy	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Objective and target define	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Elaborated program	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Awared staff	<input type="checkbox"/> yes	<input type="checkbox"/> no	% :
	Personnel formé	<input type="checkbox"/> yes	<input type="checkbox"/> no	% :
Date (effective or envisaged)	Internal audit			
	Review of Direction			

Number of persons dedicating itself to the implementation and the maintains of the Management system	
Quality	
Security	
Environment	
Management system responsible	<input type="checkbox"/> no <input type="checkbox"/> yes
Name, training and experience of the person in charge	
Is the head office an actor of the management system?	<input type="checkbox"/> no <input type="checkbox"/> yes
Realized tasks :	

Did the entity candidate receive from an outside body advisory services for the implementation of the management system of the environment / health and security / quality or its monitoring plan?	
<input type="checkbox"/> yes	<input type="checkbox"/> no
Name	
Ilk of mission	

L'entité candidate a-t-elle reçu, de la part d'Ecopass ou d'un organisme extérieur, des prestations d'audit(s) interne(s) dans les deux années précédentes ou son plan de surveillance ?	
<input type="checkbox"/> yes	<input type="checkbox"/> no
Name	
Ilk of mission	

For certifications ISO 14001 and ISO 9001 the certificate will be emitted with the COFRAC accreditation (French accréditation body) : non oui

For certification ISO 22 000, the certificate will be emitted with COFRAC accreditation (French accréditation body) : non oui



The entity candidate is informed that there are prescriptions in certification that it will make a commitment to respect. These will be communicated with the draft contract. On the other hand, the entity candidate makes a commitment to supply any information useful for her evaluation.

ISO 14001 SMEA OHSAS 18001 PEFC ISO 9001 VHU GES ISO 22000 3D ICPE DC

APPENDIX

Section to be completed for ISO 14001 and / or EMAS

Date of the legal authorization for your activity : |__|__|__|

Was the site the object of a formal demand? yes no If yes, specify :

Date creation of the site : |__|__|__| Date starting up of the activity : |__|__|__|

Were complaints relative to the environmental received? yes no

Are there a regulation, specific codes or standards (market authorization, transport of dangerous products; etc.) or certifications or specific approvals applicable to your activity?

Documents to be communicated.

Join the list of your Significant Environmental Aspects.

Join the list of the applicable texts.

Section to be completed for OHSAS 18001 and / or ILO-OSH 2001

Doctor on the site yes no

Nurse on the site yes no

Was the site the object of a formal demand? yes no If yes, when ? |__|__|__|

Documents to be communicated.

Join the list of your Risks.

Section to be completed for ISO 9001

Number of unitarian processes :	
Number of products or services concerned by the management system :	
Are there a regulations, specific codes or standards (market authorization, transport of dangerous products; etc.) or certifications or specific approvals applicable to your activity?	
If exclusions exist on the application of the chapter 7 of the standard " Realization of the product ", indicate these exclusions.	

Documents to be communicated.

Join the list of the activities and the processes of the scope of certification.

If your activity integrates product conception, please annex the document describing the process of conception of (or) produced.

Section to be completed for ISO 22000

Staff of the organization (total number of persons occurring in the flow diagrams)		Are there management systems certified within your entity? If yes, which one (ISO 9001, ISO 14001)?	
Surface of buildings		Did you realize studies HACCP (Hazard Analysis Critical Control Point) ? If yes, how much?	
Number of products			
Number of lines (tool or process necessary for the manufacturing of a product)		Are you certified according to a food safety standard ?	
Number of operational programs required		Do you follow an GBPH approach (Guide of the Good Practices of Hygiene)? Is this one validated and applied?	
Number of control critical point (CCP)			

Documents to be communicated.

Join the updated HACCP plan.

Join the program meadow required (PRP) and operational PRP.

Join the particular statutory context (if necessary).