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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REPORT NO: | | | (Report No will be filled by QA Technic.) | | | | | | | | | | | | |
| **Company name** | | |  | | | | | | | | | | | | |
| **Head Office Address** | | |  | | | | | | | | | | | | |
| **Connection with a different company *(Being one of the Holding companies etc.)*** | | |  | | | | | | | | | | | | |
| **Subject of Activity *(Scope)*** | | |  | | | | | | | | | | | | |
| **Process and Activities** | | |  | | | | | | | | | | | | |
| **Definition of Outsourced Processes** | | |  | | | | | | | | | | | | |
| **Is shift available?** | | | *Yes / request FR-259 No* | | | | | | | | | | | | |
| **Phone number** | | |  | | **Fax Number** | | | |  | | | | | | |
| **Web** | | |  | | **e-mail** | | | |  | | | | | | |
| **Tax number** | | |  | | **Tax Administration** | | | |  | | | | | | |
| **General manager** | | |  | | **Management Representative** | | | |  | | | | | | |
| **NUMBER OF EFFECTIVE STAFF** *(Request FR-261 for 50001)* | | | | | | | | | | | | | | | |
| **Full Time Employee** | **Number of Part-time Employees** | | **Number of Shift Workers** | **Similar or repetitive process worker** | | | **Large number of unskilled workers** | | | **Manager-office staff** | | | **TOTAL NUMBER** | | |
|  |  | |  | Process / number | | |  | | |  | | |  | | |
|  | | | | | | | | | | | | | | | |
| **AUDIT TYPE** | | | Certification | | | Surveillance | | | | | Pre-Audit | | | | |
| Recertification | | | Address change | | | | | Transfer | | | | |
| Scope Change | | |  | | | | |  | | | | |
| **CERTIFICATION REQUESTED AUDIT STANDARD** | | | | | | | | | | | | | | | |
| **STANDARD NO** | | **STANDARD NAME** | | | | | | **TURKAK** | | | | **IAS** | | **Non-Accredited** | |
| **ISO 9001:2015** | | Quality Management System | | | | | |  | | | |  | |  | |
| **ISO 14001:2015** | | Environmental Management System | | | | | |  | | | |  | |  | |
| **ISO 45001:2018** | | Occupational Health And Safety Management Sys.(Please Request FR-298) | | | | | |  | | | |  | |  | |
| **ISO 22000:2018** | | Food Safety Management System | | | | | |  | | | |  | |  | |
| **ISO 50001:2018** | | Energy Management System ( Please Request FR-261) | | | | | |  | | | |  | |  | |
| **ISO 27001:2017** | | Information Security Management System (Please Request FR-141) | | | | | |  | | | |  | |  | |
| **ISO 27701:2021** | | Personal Data Management System (Please Request FR-292) | | | | | |  | | | |  | |  | |
| **ISO 13485:2016** | | Medical devices - Quality management systems | | | | | |  | | | |  | |  | |
| **ISO 10002:2018** | | Customer Satisfaction Management System . | | | | | |  | | | |  | |  | |
| **Other** | | …………………………. | | | | | |  | | | |  | |  | |
| Please provide information about the legal regulations and regulatory conditions that you are obliged to comply with, if any. | | | | | | | |  | | | | | | | |
| Is there integration in the implemented system? | | | | | | | | *Yes : No* | | | | | | | |
| Do you request audit time reduction due to integration? | | | | | | | | *Yes / Request FR-192 No* | | | | | | | |
| Do you have a branch other than your head office? | | | | | | | | *Yes / Request FR-268 No* | | | | | | | |
| Standard Items Excluded, if Any | | | | | | | |  | | | | | | | |
| If you have an ISO 22000 request; Number of HACCP Plans ? | | | | | | | |  | | | | | | | |
| If you have an ISO 27001 request; Do you have a confidential document/media? | | | | | | | |  | | | | | | | |
| If you have an ISO 13485 request; Is there a critical supplier? | | | | | | | | Yes : request FR-148 | | | | | | | No |
| Do you have an existing management system? (ISO 9001 /14001/22000/13485/27001/27701/50001/45001….) | | | | | | | | Yes: | | | | | | | No |
| Do you have a Document Transfer Request? | | | | | | | | Yes / request FR-205 | | | | | | | No |
| Do you have a Pre-Audit Request? | | | | | | | | Yes/ Date: | | | | | | | No |
| Have you received consultancy service and training? / If yes, what is the name of the consultancy company? | | | | | | | |  | | | | | | | |
| How do you know ALBERK QA? | | | | |  | | | | | | | | | | |

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| **FACTORS AFFECTING AUDIT DURATION**  **Please Answer The Following Questions To Calculate Your Inspection Periods Appropriately For Your Company** | | | |
| **NO** | **COMMON CRITERIA** | **Yes** | **No** |
| 1 | Complex layouts, multiple buildings, facilities, separate departments, complex logistics, etc. |  |  |
| 2 | Documentation structure of the organization, |  |  |
| 3 | Multilingual staff (translator(s) required or situations that prevent multiple auditors from working independently of each other |  |  |
| 4 | The workplace is too large for the number of employees (Ex: forest) |  |  |
| 5 | Industries with heavy legislation (Ex: food, pharmaceutical, aviation, nuclear energy etc.) |  |  |
| 6 | The system contains very complex processes or has a large number of unique activities compared to others. |  |  |
| 7 | Processes include a mix of hardware, software, processes and services, |  |  |
| 8 | Organizational structure and competence, (Underdeveloped management system, etc.) |  |  |
| 9 | Requirement to make multiple project/site/temporary site visits to verify the organization's scope |  |  |
| 10 | The audit to be carried out; If it covers remote control techniques, IAF MD 4 is accepted as a guide. This situation is considered as a factor that increases the audit time. |  |  |
| 11 | Presence of outsourced functions or processes |  |  |
| 12 | Activities considered high risk (QMS only) |  |  |
| 13 | No design responsibility or the absence of some of the other elements of the standard in scope |  |  |
| 14 | The workplace is too small for the number of employees (Ex: office campus only) |  |  |
| 15 | Maturity level of the management system |  |  |
| 16 | In case of preliminary information about the organization (pre-certified according to another standard, etc.) |  |  |
| 17 | The client's audit information (currently documented under another 3rd party program), for the OSHMS, means that it is currently subject to periodic inspections by the National Authority for a mandatory government OSHYS plan. |  |  |
| 18 | High level of automation (not applicable for ISO 45001) |  |  |
| 19 | personnel working outside the office (sales team, drivers, service personnel, etc.) and the possibility of auditing the compatibility of their activities with the management system through records (not applicable for ISO 45001) |  |  |
| 20 | Product/process group with low sensitivity in terms of EMS |  |  |
| 21 | Activities considered low risk (not applicable for ISO 45001)   * Processes involving similar and repetitive activities (ex: Service only) * Identical low complexity activities performed on shifts with appropriate evidence of equal value/equal performance across all shifts * Where a large proportion of staff perform similar simple tasks. Repetitive operations/processes in scope (when employees perform repetitive activities). |  |  |

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| **NO** | **FOR ISO 14001 CERTIFICATION APPLICATION ONLY** | **Yes** | **No** |
| 1 | High sensitivity of the receiving environment compared to the typical locations of that industry sector (sea or riverside settlement, settlement in a populated area, etc.), |  |  |
| 2 | Opinions of interested parties (sensitivity of the society, rules specific to that region set by the local government, etc.), |  |  |
| 3 | Indirect dimensions that require an increase in audit time (relations with local governments) |  |  |
| 4 | Additional/unusual environmental aspects or environmental license/audit requirements for the industry |  |  |
| 5 | Risks of environmental accidents and the effects of incidents, accidents, potential emergencies, previous environmental problems caused or likely to occur by the organization. |  |  |
| 6 | Presence of outsourced functions or processes |  |  |

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| **NO** | **FOR ISO 45001 CERTIFICATION APPLICATION ONLY** | **Yes** | **No** |
| 1 | Opinions of interested parties |  |  |
| 2 | Above-average accident and occupational disease rate for the business sector |  |  |
| 3 | If there are public areas (hospitals, schools, airports, ports, train stations, public transport, etc.) |  |  |
| 4 | If the organization faces legal action related to OSH (depending on the severity and impact of the risk involved), |  |  |
| 5 | Temporarily large presence of many (sub)contractor companies and their employees causing an increase in complexity or OSH risks (e.g. periodic closure or return of refineries, chemical plants, steelmaking plants and other large industrial complexes), |  |  |
| 6 | Where dangerous substances are present in quantities that expose the plant to the risk of major industrial accidents, in accordance with applicable national regulations and/or risk assessment documents |  |  |
| 7 | Organization with sites covered in countries other than the home site country (if legislation and language are not well known). |  |  |

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| **APPROVAL ( This form means that the General Certification Rules published at** [**http://www.qatechnic.com/hizmet/belgelenen-kurallari/**](http://www.qatechnic.com/hizmet/belgelendirme-kurallari/) **have been accepted. Signing the application and its annexes confirms the acceptance of these rules.)** | |
| Authorized Person *:* | Task: |
| *Application date:* | Signature / Stamp |