



Audit Application Questionnaire

Section A: General Business Information

Company Legal Name						
Company Reg. / SSM Number						
Company Address						
Company Representative Name						
Company Contact Tel Number						
Company Contact Fax Number						
Mobile Contact Number						
Company Contact Email						
Website of Company						
Company Business Nature						
For E-invoicing purpose:	Company TIN number					
	Account PIC Name					
	Account Dept Tel					
	Account Dept Email(s)					
What would you like to appear on your certificate? (This is the scope of the certificate)						
Please detail the processes and activities the key processes and activities your company performs						
Certification Standard(s) Required		ISO 9001:2015		ISO 45001:2018		ISO 22000:2018
		ISO 9001:2026		FSSC 22000 V7		MS 1480:2025
		ISO 14001:2015		BRCGS		MS 1514:2022
		ISO 14001:2026		ISO 37001:2025		Other:



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Section A: General Business Information

Relationships with other Corporations (Parent Company etc)			
Do you out source or contract any of your activities? If so please detail	☐ No; ☐ Yes, please specify:		
Do you have temporary site? (Eg: construction sites)	☐ No; ☐ Yes, please specify in Section B.		
Detail any Applicable Legislation and/or standard(s) you work to			
Other standards/ management systems (eg: ISO9001, HACCP, etc) you are currently certified to?	☐ No; ☐ Yes, please specify and provide certificate:		
Documentation Language:			
When do you expect to be ready for Stage 1 assessment? (If Transfer go to Transfer Section*)		When do you expect to be ready for Stage 2 Assessment? (If Transfer go to Transfer Section*)	
Have you used an external consultant or have you got any experience with Management Systems?	☐ No; ☐ Yes, please specify:		
How did you hear about MYCO2?	☐ Lab's Client; ☐ Friends; ☐ KKM / DSM website; ☐ Existing Customer; ☐ Consultant; ☐ Others:		

Section B: Staff / Site / Facility

Total Number of Employees:		
Are all of them full time employed? If no please detail:		
Do you use contractors or sub-contractors? If so please detail:		
Approximate size of site / facility to be certified (sq ft or sq metres):		
Do you undertake design and development of products and services? (applicable for ISO9001 only)	☐ No	☐ Yes
Other exclusion clause under QMS scheme? (applicable for ISO9001 only)	☐ No	☐ Yes; Specify:



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Section B: Staff / Site / Facility

Any specific exclusions / not applicability clause from the scope?

What is your company core operating hours?

Do you run shifts?

☐ No

☐ Yes

If yes, please specify your shift: *[*Ignore this question if you do not run shift.]*

No.	Number of employees at each shift	Types of work carried out at each shift
Shift 1		
Shift 2		
Shift 3		

Please provide a basic description of the facility(ies):

For example: include a carpark, office, production, storage/ warehouse area OR near landfill, near sewage treatment plant, nearby residential, nearby recreational areas, nearby lake, nearby the sea, etc.

If more than one office location please detail number of employees at each location and the activity being performed at each location (This is only required if you want these sites certified):

**Ignore this question if you are single site. Form 074 Multi-site List shall be filled up if you are multi-site..*

If you operate on temporary sites (non-permanent / Construction Sites), please detail typical number of sites, number of employees and activities being performed:

**Ignore this question if you do not have temporary site.*

Section C: Aspects, Impacts, Risks, Hazards (For EMS and OSH)

**Ignore this section if you are not applying EMS / OSH*

Please identify any specific aspects, key hazards and OSH risks associated with processes, the main hazardous materials used in the processes, and any relevant obligations coming from the applicable OSH legislation.



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Section D: Bribery Risk Survey (For ABMS only)

**Ignore this section if you are not applying ABMS.*

Do you have parent company or subsidiary within your control?

☐ Yes ☐ No

If yes, please furnish us a copy of your Company Registration SSM specifying the parent company name or subsidiary name.

Does your company operate overseas?

☐ Yes ☐ No

If yes, how many countries and which do you operate?

Number of countries: _____

Name of countries: _____

Do you engage subcontractors or agents?

☐ Yes ☐ No

If yes, how many subcons / agents have engaged?

Number of subcons / agents: _____

Are there any bribery cases reported in the last 5 years?

☐ Yes ☐ No

Section E: Food Safety (For HACCP / ISO 22000 / FSSC22000 / BRC)

**Ignore this section if you are not applying food related system.*

What are your GMP/PRP elements?

☐ MS 1514; ☐ ISO 22002-x series; ☐ Others, please specify:

Any seasonality factors?

☐ No seasonal production; ☐ Yes, please specify period and impact on production:

Numbers of HACCP study:**

***Definition of HACCP Plan/ study: Hazard analysis for a family of products/ processes/ services with similar hazards and similar processes and technology (e.g.: production, packaging, storage or implementation of services)*

Product Information – Please list all products / group of products produced under the certification scope:

Manufacturing Process / Process Flow Description – Please provide a brief description of key processes and technologies used for each product / each group of products:

(Example: preservation, frying, cooking, pasteurization, freezing, fermentation, packaging, storage, etc.)



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Supporting Information for Contract Review:

To facilitate accurate determination of audit duration and audit planning, the following information is required:

- End product description
- Process flow chart
- HACCP / OPRP Plan Summary

If these documents are not available at the application stage, MY CO2 Certification may obtain the necessary information through clarification (e.g., email correspondence, virtual meeting, WhatsApp, call, or discussion) prior to finalizing contract review and audit program. Where the applicant is unable or unsure how to complete this section, MY CO2 Certification may assist in documenting the relevant information based on details provided by the applicant. The completed information will be shared with the applicant for confirmation to ensure accuracy prior to contract review approval.

Section F: Integrated Management Systems (IMS) (For QMS, EMS & OHS) / Combine Management Systems (For FSMS, HACCP & GMP)

If you are applying for certification to more than one standard, do you plan to integrate / combine: ☐ Yes ☐ No

If Yes, please state which management system to be integrated and which management system to remain stand alone:

Please answer below questions to show your level of integration:

Is there a common set of documentation (manuals, procedures, forms) used across the IMS / combine management system?	☐ Yes ☐ No
Is there a single policy that covers all aspects of the IMS / combine management system and objectives integrated and aligned across different standards?	☐ Yes ☐ No
Is there a single management review process and internal audits for the IMS / combine management system?	☐ Yes ☐ No
Is there an integrated training program across the organization?	☐ Yes ☐ No
Is there a common process for handling non-conformities and corrective actions?	☐ Yes ☐ No
For combine management systems (For FSMS, HACCP & GMP): Is there a common Good Manufacturing Practices (GMP) / Pre-requisite program (PRP) used?	☐ Yes ☐ No
For combine management systems (For FSMS, HACCP): Is there a common HACCP plan documentation used?	☐ Yes ☐ No



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Section G: Transferring Certification from another Certification Body

**Ignore this section if you are not transferring certification from another certification body.*

What is the management system you currently certified with?

Which Certification Body are you currently certified by?

Current Certificate Expire date:

Reason for transferring:

How frequently do you receive audits from your current certification body?

☐ Annually

☐ 6 monthly

☐ Other, please specify:

Please details your last audits up to and including the latest recertification audit or Stage 2 audit:

Audit date	Audit Duration (how many days and how many auditors?)	Type of Audit (eg: Surveillance / Recert / Stage 2 / Special)

Please detail the number of open major and/or minor non-conformities from previous audit:

To support your transfer, please enclose with the following:

- Copy of your current certificate(s)
- Copy of all previous audit reports and NCRs (up to latest 3 years)

Application completed by

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Signature	
Date	

Please provide any other information you have about your organisation to help us give you a quotation.
For example: brochures; your Web address.