

MY CO2 CERTIFICATION SDN BHD

40, Jalan Sepadu B25/B, 40400 Shah Alam, Selangor T: 03-5122 3366 F: 03-5122 3386
16, Lengkok Kikik 1, Taman Inderawasih, 13600 Perai, Penang T: 04-380 8282 F: 04-380 8280
15, Jalan Molek 1/8, Taman Molek, 81100 Johor Bahru, Johor T: 07-355 8811 F: 07-3559808

Audit Application Questionnaire

General Business Information				
Legal Name				
Company Representative Name				
Company Address				
Contact Tel Number				
Contact Fax Number				
Contact Email				
Website				
What would you like to appear on your certificate? (This is the scope of the certificate)				
Key Processes and Activities your company performs				
Relationships with other Corporations (Parent Company etc)				
Do you out source or contract any of your activities? If so please detail				
Detail any Applicable Legislation and/or standard(s) you work to				
Certification Standard(s) Required	ISO 9001:2015 ISO 14001:2015 ISO 22000:2005	[] OHSAS 18001 [] Other: [] MS 1480:2007 [] [] MS 1514:2009 []		
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*)		
Have you used an external consultant or have you got any experience with Management Systems?	(If a consultant h	as been used please specify)		
How did you hear about MYCO2?				

Site/Facility			
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):			
Do you run shifts? If so please give employee breakdown and types of work carried out for each shift:			
If you operate on temporary sites (non-permanent/Construction Sites), please detail typical number of sites, number of employees and activities being performed:			

Rev Page 1 of 3



MY CO2 CERTIFICATION SDN BHD

40, Jalan Sepadu B25/B, 40400 Shah Alam, Selangor T: 03-5122 3366 F: 03-5122 3386
16, Lengkok Kikik 1, Taman Inderawasih, 13600 Perai, Penang T: 04-380 8282 F: 04-380 8280
15, Jalan Molek 1/8, Taman Molek, 81100 Johor Bahru, Johor T: 07-355 8811 F: 07-3559808

Audit Application Questionnaire

Addit Application Questionnaire				
Staff				
Total Number of Employees:				
Are these all full time employed? If no please detail:				
Do you use contractors or sub-contractors? If so please detail:				
Site / Facility/ Office (please continue on separate sheets for additional sites)				
Approx size of office facility (sq ft or sq metres):				
Please provide a basic description of the office facility(ies) (include details of any contaminated land, nearby residential or recreational areas, bodies of water, sensitive areas, yard areas, car parking, storage etc):				
Aspects, Impacts, Risks, Hazards (For EMS and OHS)				
Please identify any specific aspects, impacts, risks, hazards, legislation/legal obligations we should be aware of that are outside the normal operations of your type of organization:				
Food Safety (For HACCP & ISO 22000)				
Please specify how many HACCP study and product category to be certified:				
No. of HACCP Plan: Number of Shift:				
Single Site Multisite: Please specify how many sites				
Please give a brief description of your manufacturing processes: (key processes, technology, preservation, etc)				
*Please enclose the following for our contract review:				
Organization Chart, Plant layout, HACCP / OPRP Plan Summary, Process flow chart,				

Rev Page 2 of 3



Date

MY CO2 CERTIFICATION SDN BHD

40, Jalan Sepadu B25/B, 40400 Shah Alam, Selangor T: 03-5122 3366 F: 03-5122 3386

16, Lengkok Kikik 1, Taman Inderawasih, 13600 Perai, Penang T: 04-380 8282 F: 04-380 8280

15, Jalan Molek 1/8, Taman Molek, 81100 Johor Bahru, Johor T: 07-355 8811 F: 07-3559808

Audit Application Questionnaire

Integrated Management Systems				
If you are applying for certification to more than one standard, please detail the level of integration of the following areas (strike through any areas that are not integrated):				
*Transferring Certification from another Certification Body				
Who are you currently certified by?				
Why do you wish to transfer?				
How many visits per year does your existing Certification Body perform? How many days per visit?				
What was the last date you were audited by your Certification Body?				
Were there any major non-conformances during your last audit?				
Do you have any outstanding non-conformances from previous audits?				
*Please Include:				
Copy of all previous audit reports (up to 3 years)				
Copy of your current certificate(s)				
Application completed by				
Signature				

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

Rev Page 3 of 3