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| **Company Name**  *(Nombre de la Empresa)* |  | | | | | | | | |
| **Company Representative Name**  *(Representante de la Empresa)* |  | | | | | | | | |
| **Legal Obligation**  *(Representante de la Empresa)* |  | | | | | | | | |
| **Company Address**  *(Dirección de la Empresa)* |  | | | | | | | | |
| **Address one:**  *(Dirección Sitio 1) (Solo para multisitios)* |  | | | | | | | | |
| **Scope:**  *(Alcance Sitio 1) (Solo para multisitios)* |  | | | | | | | | |
| **Address Two:**  *(Dirección Sitio 2) (Solo para multisitios)* |  | | | | | | | | |
| **Scope:**  *(Alcance Sitio 2) (Solo para multisitios)* |  | | | | | | | | |
| **Temporary Site Address:**  *(Dirección Sitios Temporales)* |  | | | | | | | | |
| **Scope:**  *(Alcance Sitios Temporales) (Solo para multisitios)* |  | | | | | | | | |
| **Standard Applied**  **(QMS, EMS, OHS or ISMS or Integrated)** | ISO 9001:2015 Quality Management Systems *(Sistemas de Gestión de la Calidad)*  ISO 14001:2015 Environmental Management Systems *(Sistemas de Gestión Ambiental)*  ISO 45001:2018 Occupational Health and Safety Management Systems *(Sistemas de Gestión de la SST)*  ISO/IEC 27001:2013 Information Security Management Systems *(Sistemas de Gestión de la Seguridad de la información)*  ISO 37001:2016 Anti Bribery Management Systems *(Sistemas de Gestión Antisoborno)*  ISO 22000:2018 Food Safety Management Systems *(Sistemas de Gestión de Inocuidad de Alimentos)* | | | | | | | | |
| **Contact Tel Number**  *(Número Tel de Contacto)* |  | | | **Contact Email**  *(Correo de Contacto)* | |  | | | |
| **Website**  *(Correo Electrónico)* |  | | | **Area of Organization**  *(Área de la Empresa)* | |  | | | |
| **Scope of Registration**  *(Alcance de la Certificación)* |  | | | | | | | | |
| **Operational Processes involved in the Organization**  *(Procesos operacionales principales)* |  | | | | | | | | |
| **Outsourced Processes**  *(Procesos subcontratados)* |  | | | | | | | | |
| **Type Of Organization**  *(Giro de la Empresa)* | Manufacturing  Govt. Organization  Service  PSU  Others  *(Manufactura) (Sector Gubernamental) (Servicios) (Empresa Gubernamental) (Otros)* | | | | | | | | |
| **Detail any Applicable Legislation and/or standards you work to**  *(Legislación aplicable)* |  | | | | | | | | |
| **No. of working shift**  *(Número de turnos)*    **No. of Employee**  *(Número de Empleados)* | **Details of Employee**  *(Detalle del número de empleados)* | | | | | | | | |
| **Permanent Employee**  *(Empleados permanentes)* | **Work from Home**  *(Número Home Office)* | | | **Contracted /Subcontracted Employee**  *(Número de empleados subcontratados)* | | | **Part Time Employee**  *(Número de Empleados a tiempo parcial)* | **Employee at temporary site**  *(Número de Empleados en sitios temporales)* |
| **Working shift -1**  *(Turno 1)* |  |  | | |  | | |  |  |
| **Working shift -2**  *(Turno 2)* |  |  | | |  | | |  |  |
| **Working shift -3**  *(Turno 3)* |  |  | | |  | | |  |  |
| **Total**  *(Número total de empleados)* |  |  | | |  | | |  |  |
| **Do you run shifts? If so please give employee breakdown and types of work carried out for each shift**  *(¿Cuenta con distintos turnos? especificar la cantidad en el detalle)* |  | | **If you operate on temporary sites (Non-permanent), please detail typical number of sites**  *(Si opera en sitios temporales, especificar la cantidad de sitios temporales)* | | | |  | | |
| **EA Code if Known**  *(Codigo IAF y NACE)* |  | | **Documentation Language**  *(Idioma de la Documentación)* | | | |  | | |
| **When do you expect to be ready for stage-1 assessment?**  *(Fecha estimada Etapa 1)* |  | | **When do you expect to be ready for Stage-2 Assessment?**  *(Fecha estimada Etapa 2)* | | | |  | | |
| **Have you used an external consultant or have you got any experience with Management Systems?**  *(¿Ha requerido servicios de consultoria?)* | (If a consultant has been used please provide the Details.)  *(Si se ha utilizado un consultor, proporcione los Detalles del mismo )* | | | | | | | | |
| **How did you hear about QFS?**  *(¿Cómo se entero de los ervicios de QFS?)* |  | | | | | | | | |

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| **Please complete this section for Integrated Management System Certification**  ***(Complete esta sección para la certificación de sistemas de gestión integrados)*** | | | |
|  | | **Yes**  (Si) | **No**  (No) |
| **Is your IMS an integrated documentation set, including work instructions to a good level of development**  *(Su Sistema de Gestión Integral cuenta con instrucciones de trabajo integrales)* | |  |  |
| **Do your Management Reviews consider the overall business strategy and plan across all standards**  *(Su Sistema de Gestión Integral cuenta con revisiones por la dirección integrales)* | |  |  |
| **Do you have an integrated approach to internal audits**  *(¿Se realizan auditorias internas integrals?)* | |  |  |
| **Do you have an integrated approach to policy and objectives**  *(¿Cuenta con politica y objetivos integrales?)* | |  |  |
| **Do you have an integrated approach to systems processes**  *(¿Se ha implementado un enfoque de procesos integral?)* | |  |  |
| **Do you have an integrated approach to improvement mechanisms (corrective action; measurement and continual Improvement)**  *(¿Tiene un enfoque integrado para los mecanismos de mejora?)* | |  |  |
| **Do you have Integrated management support and responsibilities**  *(¿Cuenta con un enfoque integral para los roles, autoridad y responsabilidades?)* | |  |  |
| **Please confirm the preferred language for the conduct of the audit**  *(Confirme el idioma preferido para la realización de la auditoría)* |  | | |

**\* The effective number of personnel consists of all personnel (permanent, temporary, and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include contractors/subcontractors’ personnel performing work or work-related activities that are under the control or influence of the organization, that can impact on the organization’s Management System performance.**

*(El número efectivo de personal consiste en todo el personal (permanente, temporal y a tiempo parcial) involucrado dentro del alcance de la certificación, incluidos los que trabajan en cada turno. Cuando se incluye dentro del alcance de la certificación, también debe incluir al personal de los contratistas / subcontratistas que realizan trabajos o actividades relacionadas con el trabajo que están bajo el control o la influencia de la organización, que pueden afectar el desempeño del Sistema de Gestión de la organización.)*

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| **Please complete this section for ISO 14001 Applications**  ***(Complete esta sección para certificaciones ISO 14001)*** | |
| **Please summarise the significant Environmental Aspects that you have identified**  *(Resuma los aspectos ambientales significativos que ha identificado)* |  |
| **Please detail any Environmental legal requirements related to your company activity**  *(Por favor detalle cualquier requisito legal ambiental relacionado con la actividad de su empresa)* |  |

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| **Please complete this section for OHSAS 18001/ISO 45001 Applications**  ***(Complete esta sección para las certificaciones OHSAS 18001 / ISO 45001)*** | |
| **Please summarise the significant Hazards that you have identified**  (Resuma los peligros significativos que ha identificado) |  |
| **Please detail any hazardous materials that you typically use or come into contact with *(give site specific details where appropriate*)**  *Por favor, detalle cualquier material peligroso que normalmente usa o con el que entra en contacto (proporcione detalles específicos del sitio cuando corresponda)* |  |
| **Please detail any OH&S legal requirements related to your company activity**  *(Por favor, detalle los requisitos legales de SST relacionados con la actividad de su empresa)* |  |
| **Do you recognise any Union(s), if so please give details**  *(Pertenece alguna asociación o sindicato)* |  |

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| **Please provide accident statistics for last two years and current year to date**  *(Proporcione estadísticas de accidentes de los últimos dos años y el año actual hasta la fecha)* | | | |
| **Type**  *(Clasificación)* | **Current year**  *(Año en curso)* | **Previous year**  (Año pasado) | **2 years ago**  *(Hace 2 años)* |
| **Major accidents/legal action**  *(Accidentes mayores / acciones legales)* |  |  |  |
| **Over seven days absences because of an incident**  (Ausencias de más de siete días debido a un incidente) |  |  |  |
| **Dangerous occurrences**  *(Eventos peligrosos)* |  |  |  |
| **Accidents/Incidents – minor not requiring hospital treatment**  *(Accidentes / Incidentes - menores que no requieren tratamiento hospitalario)* |  |  |  |

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| **Please complete this section for ISO/IEC 27001:2013 Applications**  ***(Complete esta sección para las certificaciones ISO / IEC 27001: 2013)*** | |
| **Please list the ISO 27001 Annex A control objectives and controls that are justified as exclusions**  *(Enumere los objetivos de control del Anexo A de ISO 27001 y los controles que se justifican como exclusiones)* |  |
| **Number of system users**  *(Número de usuarios del sistema)* |  |
| **Number of servers**  *(Número de servidores)* |  |
| **Number of workstations**  *(Número de estaciones de trabajo)* |  |
| **Number of application development and maintenance staff**  *(Número de personal de desarrollo y mantenimiento de aplicaciones)* |  |
| **Provide details of Network and encryption technology in use as part of the ISMS**  *(Proporcione detalles de la red y la tecnología de cifrado en uso como parte del SGSI)* |  |
| **Please detail any Information security legal requirements related to your company activity**  *(Detalle cualquier requisito legal de seguridad de la información relacionado con la actividad de su empresa)* |  |

**Please complete this section for ISO 22000:2018 Applications**

***(Complete esta sección para las certificaciones ISO 22000:2018***

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| **Nature of Business**  *(Giro de la organización)* | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Category** | | **Subcategory** | | | | A | Farming of animals  *(Granja de animales)* | AI | Farming of animals for meat/milk/eggs/honey  *(Granja de Animales para carne/leche/huevos/miel)* |  | | AII | Farming of fish and seafood  *(Granja de pescados y mariscos)* |  | | B | Farming of plants  *(Actividades. Agropecuarias)* | BI | Farming of plants (other than grains and pulses)  *(Granja de Plantas (otras diferentes a granos y legumbres))* |  | | BII | Farming of grains and pulses  *(Granjas de granos y legumbres)* |  | | C | Food manufacturing  *(Fabricación de alimentos)* | CI | Processing of perishable animal products  *(Procesado de productos perecederos de animal)* |  | | CII | Processing of perishable plant products  *(Procesado de productos perecederos de plantas)* |  | | CIII | Processing of perishable animal and plant products (mixed products)  *(Procesamiento de productos perecederos de animales y plantas (productos combinados))* |  | | CIV | Processing of ambient stable products  *(Procesamiento de productos estables en condiciones ambientales)* |  | | D | Animal food production  *(Producción de alimentos para animales)* | DI | Production of feed  *(Producción de piensos)* |  | | DII | Production of pet food  *(Producción de Alimento para Mascotas)* |  | | E | Catering  *(Abastecimiento)* | | |  | | F | Distribution  *(Distribución)* | FI | Retail/wholesale  *(Menudeo y Mayoreo)* |  | | FII | Food broking/trading  *(Corredores de Alimentos/ Comercialización)* |  | | G | Provision of transportation and storage services  *(Provisión de transporte y servicios de almacenamiento)* | GI | Provision of transportation and storage services for perishable food and feed  *(Provisión de transporte y servicios de almacenamiento para alimentos perecederos y semillas)* |  | | GII | Provision of transportation and storage services for ambient stable food and feed  *(Provisión de transporte y servicios de almacenamiento para productos estables ambientalmente y semillas)* |  | | H | Services  *(Servicios)* | | |  | | I | Production of food packaging and packaging material  *(Producción de embalaje y de material de embalaje)* | | |  | | J | Equipment manufacturing  *(Manufactura de equipos)* | | |  | | K | Production of (bio)chemicals  *(Producción de productos bioquímicos)* | | |  | | | | | | | | | | | | |
| **Define your process**  *(Resuma su proceso*) |  | | | | | | | | | | | |
| **Any seasonal production and best suited time for audit**  *(Cualquier producción estacional y el momento más adecuado para la auditoria)* | | | | | | |  | | | | | |
| **Number of process lines**  *(Número de líneas de proceso)* |  | | | | | | | | | | | |
| **HACCP Plans**  *(Planes HACCP)* |  | | | | | | | | | | | |
| **Please specify if any Activity, Process, Product & Services who can influence the food safety of end product**  *(Especifique si hay alguna actividad, proceso, producto y servicio que pueda influir en la seguridad alimentaria del producto final)* | | | | | |  | | | | | | |
| **Departments**  *(Departamentos)* |  | | | | | | | | | | | |
| **No. of employees Skilled**  *(No. de empleados Calificados)* | | **Full time**  *(Tiempo complete)* | |  | **Part Time**  *(Tiempo parcial)* | | | |  | | **Temporary**  *(Temporales)* |  |
| **No. of employees Unskilled**  *(No. de empleados No calificados)* | | **Full time**  *(Tiempo complete)* | |  | **Part Time**  *(Tiempo parcial)* | | | |  | | **Temporary**  *(Temporales)* |  |
| **Repetitive work**  *(Actividades Repetitivas o rutinarias)* | | |  | | | | | | | | | |
| **Is there any shift work? If yes, please provide details**  *(¿Hay algún trabajo por turnos? En caso afirmativo, por favor indique los detalles)* | | | | | | | |  | | | | |
| **Any different Activity in shift work**  *(Cualquier actividad diferente en el trabajo por turnos)* | | | |  | | | | | | | | |
| **Are there any Statutory / Regulatory requirements covering your products/services?**  *(¿Existe algún requisito legal / reglamentario que cubra sus productos / servicios?)* | | | | | | | | | |  | | |

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| **Date of Application**  *(Fecha de la Solicitud)* |  |
| **Signature of Representative:**  *(Firma del Responsable)* |  |