



Application for BBA Management System Certification



Application for Management System Certification

This application is relevant to:

- BS EN ISO 9001 Quality Management System
 - BS EN ISO 14001 Environmental Management System
 - BS EN ISO 45001 Occupational Health and Safety Management System
-

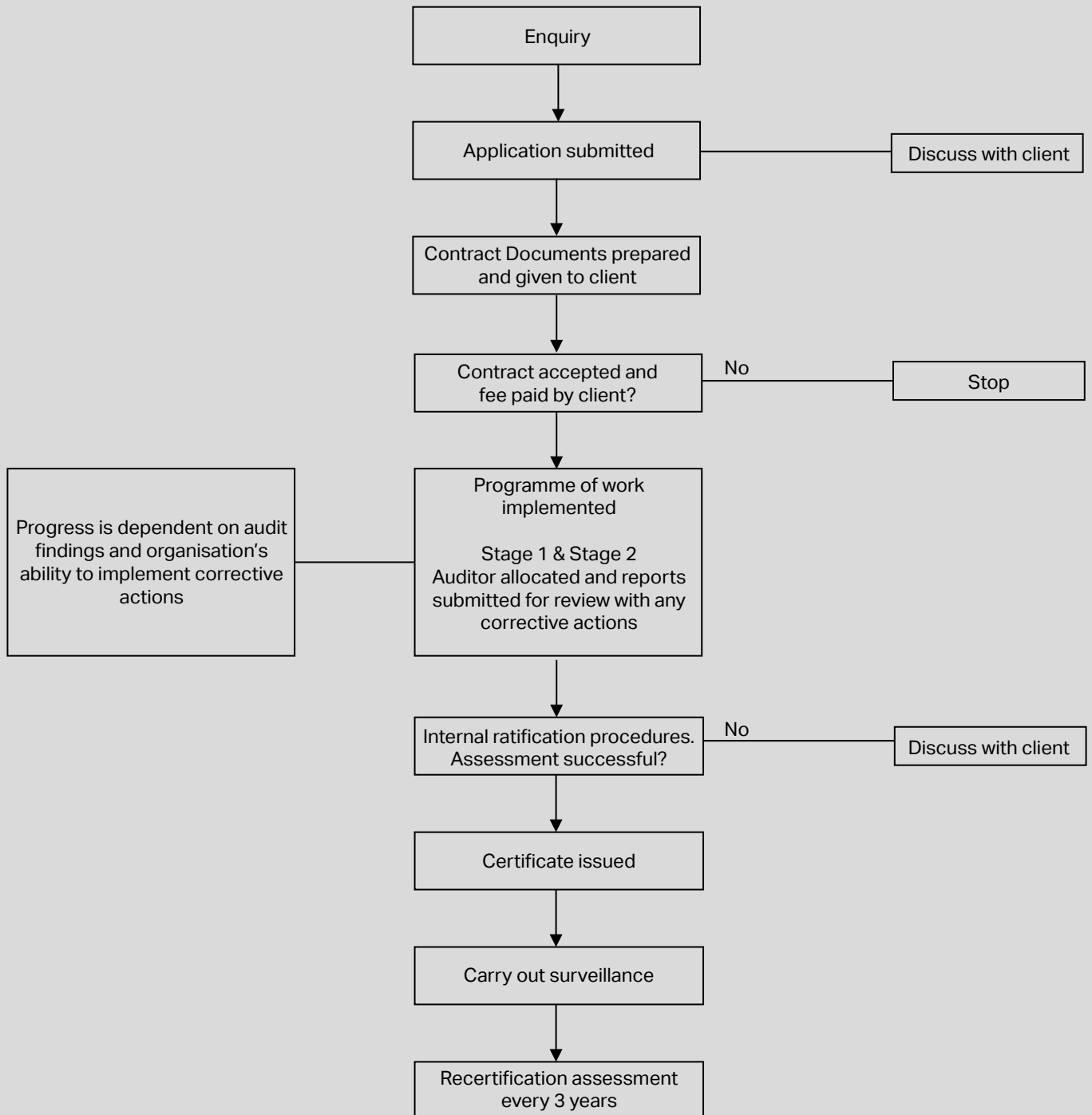
The BBA will prepare a contract for a Certificate on the basis of the information set out in this short Application Form. It is important that your requirements are fully and precisely defined within this document as a failure to do so could result in errors or omissions in the contract.

If there is insufficient space for any of your entries on the form please add extra pages. If you consider that any of the questions do not apply to your product, mark as 'not applicable'. Please do not leave any sections blank.

Information supplied by you will be treated in confidence and will not be disclosed, other than as required: to any third party that the BBA instructs or consults or in connection with your application; under statute; or by English law.

Please contact your BBA Client Account Manager or Client Services if you have any queries clientservices@bbacerts.co.uk

The flow chart below indicates the BBA's work process, from receipt of initial enquiry to issue of a Certificate.



Applicant Details

Company details (as they should appear on any issued Certificate)

| | |
|---------------------------------|--|
| Registered Company name | |
| Trading as | |
| Address | |
| Town/City | |
| County | |
| Postcode | |
| Country | |
| Company email | |
| Website | |
| Main telephone number | |
| Registered address if different | |
| Number of employees | |
| Annual turnover (£s) | |
| Company Registration Number | |
| VAT Number (UK clients only) | |

Main Contact details

| | |
|------------------------|--|
| Full Name | |
| Title (Mrs/Mr/Miss/Dr) | |
| Position | |
| Email | |
| Contact number | |

Section 2 - General Information

| | | |
|--|-----|----|
| Do you have any BBA approved products? | Yes | No |
| Certificate number(s) | | |
| What percentage of overall total production do the BBA approved products represent? | | |
| Please provide a description of the products, processes and/or services of your organisation. | | |
| Please indicate the proposed scope for the management system certificate(s), and any exclusions. | | |
| What is the main language spoken? | | |
| Are there any unusual processes? If so please detail below: | | |
| Do you operate an integrated management system? | Yes | No |
| If Yes, please provide details. | | |

IAF Codes

BBA's accreditation covers the following IAF codes.

Please tick each row that is relevant to your required scope of Certification.

| | Code | Description | Scope | Covered in Limited Scope |
|--|--------|---|---------|---|
| | IAF 4 | Textiles and textile products | Limited | Preparation and spinning of textile fibres, Textile weaving. Finishing of textiles, Manufacture of man-made textile articles, except apparel. |
| | IAF 6 | Wood and Wood Products | Full | |
| | IAF 12 | Chemicals, chemical products and fibres | Limited | Manufacture of basic chemicals, Manufacture of paints, varnishes and similar coatings, printing inks and mastics, Manufacture of other chemical products, Manufacture of man-made fibres. |
| | IAF 14 | Rubber and plastic products | Limited | Manufacture of rubber products except tyres and rebuilding tyres, Manufacture of plastic products. |
| | IAF 15 | Non-metallic mineral | Full | |
| | IAF 16 | Concrete, cement, lime, | Full | |
| | IAF 17 | Basic metal and fabricated metal products | Limited | Manufacture of tubes, Other first processing of iron and steel production of non-ECSC ferro-alloys, Casting of metals, Manufacture of fabricated metal products, except machinery and equipment. |
| | IAF 28 | Construction | Limited | Construction of commercial buildings, Construction of domestic buildings, Erection of roof covering and frames, Construction of highways, roads, airfields and sport facilities, Other construction |

Note on the above table:

For ISO 45001, BBA is not yet accredited in all possible IAF codes. To receive an accredited ISO 45001 certificate, you may need to permit a UKAS assessor to observe the audit. This is to observe the BBA assessor, not to assess your site.

| | |
|---|--|
| <p>Are there other IAF codes which you need Management System Certification to cover? If so, please specify the code and a brief description of the process(es) involved:</p> | |
|---|--|

For ISO 9001 Certification, please complete Section 3.

For ISO 14001 Certification, please complete Section 4.

For ISO 45001 Certification, please complete Section 5.

All applicants should complete Section 6.

Section 3 - For ISO 9001 Certification

| | | | |
|--|--|------------------------|----|
| Applying for new Certification: | | Applying for transfer: | |
| If you have existing Certification, please provide: | | | |
| Current Certification Body: | | | |
| Expiry Date: | | | |
| Scope: | | | |
| How was your Quality Management System (QMS) prepared? | | | |
| In-House Consultant Other | | | |
| If 'Other', please describe | | | |
| How long has the QMS been functioning? | | | |
| Have internal audits been undertaken? | | Yes | No |
| Has a Management Review been conducted each year? | | Yes | No |

Section 4 - For ISO 14001 Certification

| | |
|---------------------------------|------------------------|
| Applying for new Certification: | Applying for transfer: |
|---------------------------------|------------------------|

If you have existing Certification, please provide:

| | |
|-----------------------------|--|
| Current Certification Body: | |
| Expiry Date: | |
| Scope: | |

How was your Environmental Management System (EMS) prepared?

- In-House
- Consultant
- Other

| | |
|-----------------------------|--|
| If 'Other', please describe | |
|-----------------------------|--|

How long has the EMS been functioning?

| | | | |
|---|-------|-------|------------|
| Have internal audits been undertaken? | Yes | No | |
| Has a Management Review been conducted each year? | Yes | No | |
| Describe the factory location: | Urban | Rural | Commercial |

Please indicate your usage ⁽¹⁾ of the following:

| | | | | | | | |
|---------------------|---|---|---|--------------------|---|---|---|
| Gas | H | M | L | Paints or solvents | H | M | L |
| Oil | H | M | L | Electricity | H | M | L |
| Chemicals | H | M | L | Paper | H | M | L |
| Water | H | M | L | Rubber | H | M | L |
| Packaging Materials | H | M | L | Wood | H | M | L |
| Metals | H | M | L | Plastics | H | M | L |

(1) High / Medium / Low

| | |
|-----------------------------------|--|
| Any others? If so, please detail: | |
|-----------------------------------|--|

Are you subject to any specific regulatory aspects or permits? (Such as)

| | | |
|------------------------------|-----|----|
| Producer of "Special Wastes" | Yes | No |
| Registered waste carrier | Yes | No |
| Discharge consent | Yes | No |

Other (Please describe)

| | | |
|-------------------------------|-----|----|
| Environmental agency licences | Yes | No |
|-------------------------------|-----|----|

Licence number:

Other (Please detail)

| | | |
|--|-----|----|
| Is your site located near to a Site of Special Scientific Interest (SSSI): | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Do you measure any emissions to the air? | Yes | No |
|--|-----|----|

If so, what for?

| | | |
|---|-----|----|
| Do you monitor any other type of emissions? | Yes | No |
|---|-----|----|

If so, what for?

| | | | |
|---|---|---|---|
| Please indicate the quantity of waste you produce | H | M | L |
|---|---|---|---|

Please detail:

| | | |
|-------------------------------------|-----|----|
| Do you reuse any of your materials? | Yes | No |
|-------------------------------------|-----|----|

Please detail:

Section 5 - For ISO 45001 Certification

| | | | |
|---|--|------------------------|---------------------|
| Applying for new Certification: | | Applying for transfer: | |
| If you have existing Certification, please provide: | | | |
| Current Certification Body: | | | |
| Expiry Date: | | | |
| Scope: | | | |
| How was your OHSMS prepared? | | | |
| In-House | | | |
| Consultant (please name) | | | |
| Other | | | |
| If 'Other', please describe | | | |
| How long has the OHSMS been functioning? | | | |
| Have internal audits been undertaken? | | Yes | No |
| Has a Management Review been conducted each year? | | Yes | No |
| Describe the factory location: | | Urban | Rural Commercial |

Please provide details on all key regulations, including authorisations, consents and licences relating to your site and operations:

| |
|--|
| |
|--|

Please describe the significant. health and safety hazards and risks of your operation below:

| | | |
|--|-----|----|
| Do staff carry any form of Safety Passport? | Yes | No |
| If so, please detail: | | |
| Is there a site induction for first time visitors? | Yes | No |
| Are any staff subject to pre-employment or routine medical examination? | Yes | No |
| Is your site covered by legal requirements for hazardous installations e.g. COMAH? | Yes | No |
| Has a safety management review been carried out? | Yes | No |
| Do you have an occupational health and safety policy? | Yes | No |
| Have you identified occupational health and safety risks? | Yes | No |
| Have you identified applicable safety regulations? | Yes | No |
| Have you set health and safety objectives and targets? | Yes | No |
| Has a programme been put in place to achieve the objectives? | Yes | No |
| Have you prepared a documented system description? | Yes | No |
| Have all staff been made aware of the management system? | Yes | No |
| Has an internal audit programme started? | Yes | No |
| Has a management review been carried out? | Yes | No |
| Are emergency plans and procedures in place? | Yes | No |

Section 6 - Locations(s)

Please define all locations to be covered under the Certificate(s)

For each location please list the name of the local contact, activities and processes covered, and number of personnel at each location (ISO 45001 applicants should list all but the number of personnel at each location; this information should be added in the second table).

Blank area for listing locations, local contacts, activities, processes, and personnel numbers.

For ISO 45001 applications, please indicate the number of personnel, including contractors and sub-contractors, working at each of the locations identified above.

| Location | Number of employees | Number of contractors / sub-contractors |
|----------|---------------------|---|
| | | |
| | | |
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| | |
|----------------------------|--|
| Signed for the Applicant | |
| Name (BLOCK CAPITALS) | |
| Company Name | |
| Job title | |
| Date | |
| Scan or insert e-signature | |

Return the application form by email to clientservices@bbacerts.co.uk or post to: **British Board of Agrément, Bucknalls Lane, Watford, Hertfordshire, WD25 9BA.**



Find out more here:
<https://www.bbacerts.co.uk>

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