
	INGRAIN GLOBAL STANDARD PRIVATE LIMITED	Format No.	IGSPL-F-01
		Rev. No.	03
	Client Application Form	Rev. Date	26.04.2024

Application Date						
Company Name						
Company Address						
Website, Email and Phone Number						
Contact Person Name and Designation						
No of Sites						
Site 1 Address (For more siteattach separate Sheet)						
Company Legal Status	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Govt. Undertaken <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Non – Governmental Organization <input type="checkbox"/> Other					
Statutory and Regulatory Requirement						
Certification Program Required	<input type="checkbox"/> INITIAL <input type="checkbox"/> RE-CERTIFICATION <input type="checkbox"/> TRANSFER					
Accreditation Required						
Certification Scheme Opted	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001	<input type="checkbox"/> ISO 45001	<input type="checkbox"/> ISO 22000	<input type="checkbox"/> ISO 22716	<input type="checkbox"/> Others
Scope of Certification						
Exclusion if any, (Client has to specify as per their process flow)						
Outsourced Process, If any (Client has to specify)						

No. of Employees at Head Office and Manufacturing Sites	Location	Shifts		Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Contract Workers
		General Shift	Shift					
	Head Office/Corporate Office							
	At Manufacturing Site							
	TOTAL							

Is there any activity performed during Shift hours/outside Office business hours : **Yes** **No**

If Yes, Please Specify Day and Timings and the Activity Name performed:

	INGRAIN GLOBAL STANDARD PRIVATE LIMITED	Format No.	IGSPL-F-01
		Rev. No.	03
	Client Application Form	Rev. Date	26.04.2024

Is Consultants Involved: Yes No

If Yes, specify Name of the Consultant:


Key Business Process involved by the Client, If any, Please Specify.	
---	--

Hazards Involvement Categorized as per ISO 17021-1:2015 Standards

Process Hazard affecting Quality Management System, as per Complexity and Risk Analysis categories: Ref. (MD5: 2019)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Please describe nature of hazard in words below:	

Environmental Hazard affecting Environmental Management System, as per Complexity and Risk Analysis categories: Ref. (MD5: 2019)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Please describe nature of hazard in words below:	

Occupational Health and Safety hazard, as per Complexity and Risk Analysis categories: Ref. (MD5: 2019)	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Please describe the nature of hazard in words below:	

	INGRAIN GLOBAL STANDARD PRIVATE LIMITED	Format No.	IGSPL-F-01
		Rev. No.	03
	Client Application Form	Rev. Date	26.04.2024

As per ISO 17021-1:2015 Requirements: Information on incidents such as a serious accident or a serious breach of regulation necessitating the involvement of the competent regulatory authority provided by the certified client. The information provided to the Certification Body by the authorized representative of the applicant organization on its processes and activities shall also include the identification of the key hazards and OH&S risks associated with processes, the main hazardous materials used in the processes and any relevant legal obligations coming from the applicable OH&S legislation. The application shall contain details of personnel working on, as well as working away from the organization's premises.

DECLARATION: The above information is true to the best of my knowledge & belief and I am authorized to provide such information on behalf of the company.

Company Seal and Signature

For IG SPL OFFICE USE

Exclusion Clause No. (ISO 17021-1:2015) and Justification by IG SPL after verifying with client	
Can the Application Proceed/Decline for Review by IG SPL :	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No, Justify in words :	

Date:		Application Reviewer Name:	
Application Reviewer Signature:			