



APPLICATION QUESTIONNAIRE - MANAGEMENT SYSTEM CERTIFICATION

Completion Guidance Note:

On receipt of this completed Questionnaire, SON MSC will prepare and submit a No Obligation proposal detailing the assessment, certification and other costs.

If you are an existing client applying for an Extension to Scope please indicate additions only i.e. additional sites, activities etc. in the relevant sections please

Standards Organisation of Nigeria Management Systems Certification (SON MSC) Policy Statement on Safeguarding Impartiality:

Standards Organisation of Nigeria Management Systems Certification aims to attain the highest degree of public confidence and trust in rendering unbiased certification services.

At SON MSC, the importance of impartiality in carrying out its management systems activities is fully understood.

Our activities are guided by the requirements of the International Standard ISO/IEC 17021.

In executing the certification process, SON ensures that personnel including external persons taking part in Certification activities understand potential/perceived conflicts of interest.

Our policies in ensuring that impartiality is maintained when dealing with clients or potential clients include:

- Neither providing management system consultancy services nor outsourcing audits. SON MSC does not supply or design products or processes of the type we certify. All services provided by SON MSC and its Parent body, SON, have been identified and reviewed for potential conflicts of interest.
- Neither performing internal audits for certified clients nor clients seeking certification.
- SON MSC does not certify other certification bodies for management systems neither has it been certified by any other Certification Body.
- Personnel who have provided consultancy, internal audits, or had any relationship with a Client shall not be used for a minimum of two (2) years for certification activities.
- Personnel will not be influenced by financial, commercial, or other pressures when conducting certification activities, and will take action to address any situation that would affect impartiality. Personnel are required to disclose any potential conflicts of interest in Auditors Declaration Form as well as Audit Plans prior to implementation.
- Personnel taking part in certification activities, both internal and external are required to act impartially when executing their responsibilities.



Section 1: Company/Organization Details

NAME (Legal Entity)		
TRADING NAME for Certificate(if different)		
MAIN ADDRESS (i.e Head Office)		
INVOICING ADDRESS (if Different from main address)		
	Website	
CONTACT PERSON		
POSITION		
	Tel/Mobile	
	e-mail	

Section 2: Background Information

Has any previous contact been made with SON Personnel, i. e via telephone, email, etc Yes No

If yes, please state the name of the person, date of meeting/visit etc

Where did you hear about SON Management Systems Certification?

Do you currently use any other SON services? Yes No

please state which SON service(s) used.



Section 3: Certification requirements (please indicate)

If you are a SON Client applying for an Extension to Scope, please indicate Certificate Number(s) affected:
Please indicate if you would like an optional Pre-assessment/Gap Analysis?

ISO 9001: 2015 Quality Management System (QMS)

ISO 14001: 2015 Environmental Management System (EMS)

ISO 22000: 2005 Food Safety Management System (FSMS)

OHSAS 18001: 2007 Occupational Health & Safety Management System (OHSAS)

Section 4: Scope

Please define the scope of the certification (**Provide details attaching any relevant supportive information to explain what you do on each item in the scope**). Business that you are not executing will not be accepted for certification.

Specify the product lines that you have and that are the same?

Please explain which is/are applicable to you: sales outlets/customer premises activities like inspections or project Management activities/Installations/constructions

Are any of the processes covered within this scope outsourced to a third party?

Yes

No

If Yes please provide detailed explanation



A: Process flow description including marketing, product development, materials procurement and storage, product/service-making, warehousing, delivery, distribution, installation and after-sales service

Provide the flow of your activities from finding out what Customers want to delivering of the product or service, maintenance and/or disposal. (Increase the space as necessary)

B: Please provide information on each Department/Unit

Name of Department/Section/Unit.....		
List of Activities	No of personnel involved (both temporary and permanent)	Location
Name of Department/Section/Unit.....		
List of Activities	No of personnel involved (both temporary and permanent)	Location
Name of Department/Section/Unit.....		
List of Activities	No of personnel involved (both temporary and permanent)	Location



C: Please explain the core activities at each location or site (indicate No of locations with same operations)

Location/Shift	Activities	Personnel involved (Whether hired or permanent)

Section 5: Additional Information

Have you conducted internal audit? Yes No (If yes, provide date) Date of commencement of implementation of the system

Have you conducted Management Review? Yes No If yes, provide date

If you have used/intend to use Consultancy Services for the development of your management system please give details of the Consultancy/ individual Consultant(s) involved provide details:

1. Training (Course Title, Name of Facilitator, Type of qualification.....
.....
2. Implementation (aspects involved)
.....
3. Auditing
.....

Iofhaving read and understood the Terms and Conditions guiding ISO Management Systems Certification, do hereby agree to abide by the same.

Signed:

Chief Executive