



### CERTIFICATION APPLICATION

#### REVIEW

#### A General Information

1 Nome of the Company (as reported on the Company Registration Report)

2 Registered Site (as reported on the Company Registration Report)

3 Corporate tax code

Vat code

4 Statutory representative of the Company  
(alternatively director, title, name)

Position

5 Phone

Cellphone

E-mail

WEB site

PEC

6 Postal address (if different from 2)

7 Billing address (if different from 2)

8 Name of the Consultancy Company used, if any:

9 NACE Code

EA Code

NOTE: In case of belonging to the category of Craft Companies, in order to take advantage of the Regional contribution it is necessary to attach also a copy of the Chamber of Commerce registration

10 Seasonal Operations (if any)

from

to

11 Please provide details of your Management System effective implementation

12 Do you have a specific time plan for Registration?

13 The organization has had previous dealings with SDMCERT sro?

yes  No

If yes, which ones?

14 Any exclusion points?

Yes  No

If yes, please attach a brief description.



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#### B DESCRIPTION OF THE ACTIVITIES SUBJECT TO THE CERTIFICATION

15 Scope (and possible exclusion(s))

#### C TYPE OF CERTIFICATION REQUIRED

Quality Management System ISO 9001:2015

There are aspects or unusual conditions for the sector or particular expectations of the interested parties?  Yes  No

If so, please specify:

16 Environmental Management System ISO 14001:2015

Is the company subject to a major accident risk?  YES  No

In the last 3 years, has the company had environmental accidents or has it contributed to creating environmental problems?  YES  No

Are there any unusual environmental or regulatory aspects for the sector or particular expectations of the interested parties?  YES  No

If so, please specify:

17 Occupational health and safety management system ISO 45001:2018

Is the company subject to a major accident risk?  YES  No

In the last 3 years, has the company had accidents or has it contributed to creating problems connected to the health and safety of the employees?  YES  No

Are there any unusual or regulatory aspects for the sector or particular expectations of the interested parties?  YES  No

If so, please specify:

18 In the case of certification on two or more schemes, are the Management Systems managed in an integrated manner (ie that it is possible to verify them jointly)?  YES  No

Please provide the level of integration:

20%  40%  60%  80%  100%

19 Pre-Audit required?  YES  No

20 Personnel Language, language of the Management System Documents

#### D CERTIFICATES ALREADY OWNED BY THE ORGANIZATION

21

| Standard | Issue date | Scope | Certification Body |
|----------|------------|-------|--------------------|
|          |            |       |                    |
|          |            |       |                    |
|          |            |       |                    |



### CERTIFICATION APPLICATION

Notes:

**22 Multi-sites? YES  No**   
Sites to be certified are to be specified in Section E.

**23 Does the organization have outsourced processes? YES  No**   
If YES, fill Section F

#### E SITES TO BE CERTIFIED

#### 24 Addresses of Sites (1), Processes (2) e Personnel involved (3)

**A Address**

**Process(es)**

**Personnel**

| shifts | Full time personnel | h /d | Part time | Month/year<br>Seasonal / interim | N° of employess | Total |
|--------|---------------------|------|-----------|----------------------------------|-----------------|-------|
|        |                     |      |           |                                  |                 |       |

**B Address**

**Process(es)**

**Personnel**

| shifts | Full time personnel | h /d | Part time | Month/year<br>Seasonal / interim | N° of employess | Total |
|--------|---------------------|------|-----------|----------------------------------|-----------------|-------|
|        |                     |      |           |                                  |                 |       |

**C Address**

**Process(es)**

**Personnel**

| shifts | Full time personnel | h /d | Part time | Month/year<br>Seasonal / interim | N° of employess | Total |
|--------|---------------------|------|-----------|----------------------------------|-----------------|-------|
|        |                     |      |           |                                  |                 |       |

**D Address**

**Process(es)**

**Personnel**

| shifts | Full time personnel | h /d | Part time | Month/year<br>Seasonal / interim | N° of employess | Total |
|--------|---------------------|------|-----------|----------------------------------|-----------------|-------|
|        |                     |      |           |                                  |                 |       |

- (1) Sites address (indicate the complete address of the sites requested on the certificate)
  - (2) Main processes carried out on the site
  - (3) Personnel involved in the activities included by the system object of the request (including atypical workers, temporary workers, teachers, etc..)
- NB For organizations with more than 4 sites, a separate comprehensive should must be attached

**25 Do the units of the multi-site organization have different VATs? YES  No**   
If the units of the multi-site Organization have different Vats, specify if there is a legally valid agreement between the various units for the centralized management of the System.



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26 Are the units of the multi-site organization all owned by the company?

YES  No

In the case of activities carried out even temporarily at sites not owned by the company, it is important to attach a list of the sites that are expected to be active at the time of verification for certification: eg. for collective catering activities, indicate the list of kitchens, cooking centers, dining rooms, cleaning, security, concierge, installations, assembly, maintenance, etc..

REVIEW

F CRITICAL OR RELEVANT PROCESSES IN OUTSOURCING (fill if any)

27 List of outsourced processes with significant impact on the service / product subject to certification

| Type of process | Site address |
|-----------------|--------------|
|                 |              |
|                 |              |
|                 |              |
|                 |              |

G CONFIRMATION OF DATA (by the applicant organization)

28 Notes

Date

Signature

Name and Surname

Company position

*The processing of data is authorized pursuant to the New Privacy Regulation 679/16*

SDMERT Sro will send an offer for the required certification activities to the indicated email address.

For more information on the rules and requirements for certification, please read the regulations available on the site: [www.sdmcert.com](http://www.sdmcert.com)



## CERTIFICATION APPLICATION

### H Application Review (By SDMCERT Sro)

Date

Signature

Application Reviewer

Audit Program

Sites  
g/h

| PA | ST1 | ST2 | CA1 | CA2 | REC |
|----|-----|-----|-----|-----|-----|
|    |     |     |     |     |     |
|    |     |     |     |     |     |

Notes

