NUSTAR CERTIFICATION & INSPECTION PRIVATE LIMITED

B-53, TF, Sector 64, Noida, U.P., India
E-mail: info@nustarcertification.com , Website: www.nustarcertification.com

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Client's Application Form

Thank you for choosing Nustar as your certification registrar. To ensure we provide the best service tailored to your needs, we kindly ask you to complete the attached questionnaire. Once completed, please return the document to:

Nustar Certification & Inspection Pvt. Ltd. , Office A, B 53, 1st Floor, Sector 64, Noida-201301 (UP), India.
Or mail at: info@nustarcertifications.com

Ref no: ……..(For Office Use) **please select the correct option** ☐ Initial certification ☐ Transfer certification ☐ Re certification ☐ widening or reduction scope
Organization Details: Name Address Audit site address:
Name of the organization's head: Designation: Mobile/land line: Email: Website:
Legal status of the Organization: (Tick the correct one) Proprietorship/Trust/Society/Partnership firm/ Pvt. Ltd./Ltd. Company/ Govt. dept.
Contact person's name: Designation: Mobile/ Phone: E mail:
Number of Total Employees: Number of shifts: (if there is more than one audit site please give address of each site and no. of skilled/ unskilled personnel in each shift)
Management System standard to be audited: (Please tick Appropriately & fill relevant annex for specific information) ☐ ISO 9001:2015 ☐ ISO 14001:2015 (Please fill Annex-1) ☐ ISO 45001:2018 (Please fill Annex-2) ☐ ISO 13485:2016 (Please fill Annex-3) ☐ IMS (Please fill Annex-4) ☐ Transfer of certificate (Please fill Annex-5) ☐ MDR 2017
Scope:
Clauses not applicable if any (In case of QMS):
Product / service related, any legal/ regulatory requirement:
Date of Documentation: Date of Last Internal Audit : Date of Last MRM:
Information about the identified Risk under QMS (for Product / services causes life at risk, injury of illness, unlikely to cause injury or illness) to consumer/staff
Please provide key processes / functions & operations

*Details of Outsource Processes:		
*Total No of Shifts:	*No of Personnel Permanent (Full Time):	
	*No of Personnel Contract based (Full Time):	
	*No. of Personnel (Part Time) with working hours details:	
	Total No of Personnel	

*Do you operate at Temporary site?

If Yes, Then No. of Temporary sites:

S.no	Temporary Site Location	Total no of Emp at Temporary site	Temporary site Activity.	Shift

*Are you using a consultant? If yes please specify name/ organization (With Mandatory Details):

Do you want to suggest any timing of the audit which will best demonstrate the full scope of the organisation? The consideration could include season, month, day/dates and shifts as appropriate. If yes please mention:

Applicant Sign :

(with Name and stamp)

Date:

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Annex 1

Please provide the information related to Environment Management System		
Date of Initial Environmental Management System Review of your activities, Products or services		
Date of your Environmental Impact Assessment (EIA study/ Aspect-Impact analysis)?		
Is there nearby any Surface water body like river/lake, Estuary / tidal water body, Protected nature conservation areas, Large Scale industry, Highway / Railway line/ Airport, Ground water which is sources of drinking water, Sea, Agriculture land / Forest Area, Human Habitation, Places of tourist attraction		
Pollution category of your industry? Red / Orange/ Green / White / Exempted		
Please provide the brief of emission details		
***Please Answer the following Question specific to ISO 14001**	Please provide the information related to Occupational Health & Safety Management System	**Activity**
	Air Pollution	☐ Yes ☐ No
	Water Pollution	☐ Yes ☐ No
	Noise Pollution	☐ Yes ☐ No
	Land Pollution	☐ Yes ☐ No
	Resources Depletion	☐ Yes ☐ No
	Generation of Hazardous Waste	☐ Yes ☐ No
	Generation of Bio-medical Waste	☐ Yes ☐ No
	Consent to establish and operate.	☐ Yes ☐ No
	Authorization for (handling & management) hazardous west	☐ Yes ☐ No
	Are all permits including state Pollution Control Board Consent/s in place?	☐ Yes ☐ No
	Do you operate an ETP and or STP	☐ Yes ☐ No
	Have you received any notice / direction from Ministry of Environment & Forest / State Pollution Control Board in Last 5 years	☐ Yes ☐ No
	Is any environment related suit filed against you?	☐ Yes ☐ No
	any other relevant information pertaining to Environment	☐ Yes ☐ No

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Annex 2

Please provide the information related to Occupational Health & Safety Management System		
Have you conducted an Initial Review exercise to identify the OH&S Hazards		
Date when hazard identification & Risk Assessment (HIRA) was done		
Have you established ROR?		
Date of OHSMS Implementation		
***Please Answer the following Question specific to ISO 45001**	Please provide the information related to Occupational Health & Safety Management System	
	Physical Hazards[E.g. Acoustic Radiation, Temperature, Magnetic Radiation, Electromagnet Radiation, Radioactivity, Ergonomic Stress, Physical Impact]	☐ Yes ☐ No If yes please specify
	Chemical Hazards [E. g. Asphyxiate, Combustible, Corrosive, Explosive , Flammable, Irritant, Pyrophoric , Organic Peroxide, Oxidizer , Water Reactive, Unstable/Reactive] Carcinogen, Mutagen ,Poison, Sensitizer, Teratogen ,Toxic Chemicals	☐ Yes ☐ No If yes please specify
	Engineering Hazards	☐ Yes ☐ No
	Biological Hazards[E.g. hazards due to pathogens]	☐ Yes ☐ No
	Working on electrical equipment / electrical energy source	☐ Yes ☐ No
	Working at height	☐ Yes ☐ No
	Working in confined space	☐ Yes ☐ No
	Consent to establish and operate	☐ Yes ☐ No
	Authorization for (handling & management) hazardous west	☐ Yes ☐ No
	Are all permits including state Pollution Control Board Consent/s in place?	☐ Yes ☐ No
	Do you operate an ETP and or STP	☐ Yes ☐ No
	Have you received any notice / direction from Ministry of Environment & Forest / State Pollution Control Board in Last 5 years	☐ Yes ☐ No
	Is any environment related suit filed against you?	☐ Yes ☐ No
	any other relevant information pertaining to Environment	☐ Yes ☐ No

Annex 3

***Please Answer the following Question specific to ISO 13485**	Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labelling)	☐ Yes ☐ No
	Is the product intended to be a component/part of a medical device?	☐ Yes ☐ No
	Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabelling, remanufacturing of other medical devices)?	☐ Yes ☐ No
	Is the product supplied sterile?	☐ Yes ☐ No If "yes", Please mentioned:
	Is the sterilization performed in house?	☐ Yes ☐ No
	Does the product contain software developed by the client organization or a supplier?	☐ Yes ☐ No
	Is "Design and Development" in the scope of the ISO 13485 certification (e.g., when public law permits exclusion of design and development which is the case very often for low-risk medical devices)?	☐ Yes ☐ No
	Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices?	☐ Yes ☐ No
	Does the device require mains connection or batteries for operation?	☐ Yes ☐ No
	Does the device feature a measuring function?	☐ Yes ☐ No
	Does the device incorporate medicines or substances that may be used separately as medicinal products?	☐ Yes ☐ No
	Does the device incorporate materials of animal origin?	☐ Yes ☐ No
	Is the device mainly manufactured by Subcontractors?	☐ Yes ☐ No
	Is the device placed on the market under your own name?	☐ Yes ☐ No
	Has the device already gained any approval? If yes, which? (please include certificates)	☐ Yes ☐ No
	Is the device packed and/or sterilized externally?	☐ Yes ☐ No
	Is the device non-sterile and intended to be sterilized at customer site?	☐ Yes ☐ No
	Do you maintain Cleanroom conditions? If yes, which classification (according to ISO 14644)?	☐ Yes ☐ No
	Any confidential or sensitive information organization is unable to share copy (Please declare):	☐ Yes ☐ No

Annex 4

***Please Answer the following Question specific to IMS**	If you have opted for Integration Management System, Please fill below required information as a rating for level of integration of an organizations management system:	
	If Integrated management system is implemented then please provide the date since IMS is being implemented / IMS Manual issue date	……
	Integrated Documentation (Manual, policy and objectives, procedures, work instruction etc.)	☐ Yes ☐ No
	An Integrated approach to Roles & Responsibilities	☐ Yes ☐ No
	Conduct of Integrated / approach to Internal Audit	☐ Yes ☐ No
	Conduct of Integrated Management Reviews considering the overall business strategy and plan	☐ Yes ☐ No
	An Integrated approach to systems processes & continual Improvement mechanisms	☐ Yes ☐ No
	Organization's personnel to respond to questions more than one management system standards.	☐ Yes ☐ No

Annex 5

***Please Answer the following Question specific to Transfer of certificate**	Details of current Registrar/ Certification Body & Accreditation Board	
	Details of certified standard (s) including version, Date of validity, Reason of transfer	
	Are copies of your latest audit reports available	☐ Yes ☐ No
	Do you have any complaints from customers currently in process	☐ Yes ☐ No if yes please provide detail
	Do you have any open non-conformances from your existing Registrar,	☐ Yes ☐ No if yes please provide details
	Are there any recent or current legal compliance issues that have your organization engaged in legal representation with statutory or regulatory bodies	☐ Yes ☐ No if yes please provide details