

	<b>UGANDA NATIONAL BUREAU OF STANDARDS CERTIFICATION SCHEME</b>	Document No: <b>CERT/SC/F26</b>	
		Effective Date: 24/09/2019	
Document Title: <b>PRE-APPLICATION QUESTIONNAIRE</b>		Issue No: 01	Rev. 01

<b>Please select service inquiry (tick)</b>							
Initial Certification		Re-Certification		Scope Extension		Certification Transfer	
<b>Please indicate the scheme of your interest:(tick)</b>							
ISO 9001		ISO 22000		ISO 14001		OHSAS 18001	
				ISO 27000		HACCP	
Others (please state)							
<b>For Integrated Management Systems (IMS) Please state the standards under integration</b>							
<b>Registered Name of Company:</b>							
<b>Registration number of Company:</b>				<b>TIN Number:</b>			
<b>Physical Address: (Location)</b>				<b>Distance in Km from UNBS Standards House:</b>			
<b>Contact Person's name &amp; position:</b>				<b>Mobile Number</b>			
<b>How long has the system above been implemented?</b>				<b>Email address:</b>			
<b>Scope of certification sought:</b>							
<b>Exclusions from scope of certification:(Consider both business processes and standard requirements)</b>							
<b>Justifications for exclusions above:</b>							
<b>Name of the sites to be audited</b>	<b>Activities/processes</b>	<b>Number of Employees</b>					
						<b>No. of Temporary staff</b>	
		<b>Permanent</b>	<b>Part-time</b>	<b>Skilled</b>	<b>Un skilled</b>		
<b>Number of Shifts and Shift Times (if applicable):</b>				<b>For Part-time employees please specify number of hours per day.</b>			
<b>Do shifts perform different activities? If yes please specify</b>							
<b>Do you have any seasonal activities that impacts on operations? (Yes/No)</b>				<b>If yes, please specify:</b>			
<b>For IMS, Please declare the level of integration using a scale of 0-100%.</b>							
<b>For recertification, what changes have happened in your organization's management system since the last surveillance audit? Tick all that apply below.</b>							
<b>Scope of certification (e.g Additional processes/sites/products/services etc)</b>				<b>Management (organizational structure)</b>		<b>Changes to legislation</b>	<b>Other</b>
<b>Name:</b>				<b>Position:</b>			
<b>Signature:</b>				<b>Date :</b>		<b>Seal/stamp</b>	

UNBS reserves the right to amend audit time if subsequently discovered that the data supplied differs from that established at the time of audit

Please scan and send form to [systemscertification@unbs.go.ug](mailto:systemscertification@unbs.go.ug)