



**MANAGEMENT SYSTEMS CERTIFICATION DOCUMENT**  
**FOOD SAFETY MANAGEMENT SYSTEMS CERTIFICATION APPLICATION FORM**  
**Compiled by: Certification**

Document No: MSC-P10-FM  
Page 1 of 12  
Version: 08  
Effective: March 2021  
**Approved by: GM Certification**

**NOTE:** This application form shall be completed by a **person responsible** for the implementation of the management system. Complete Application in capital letters, attach all requested documents where applicable and ensure that it is accompanied by the prescribed and required non-refundable application fee of **N\$ 2300.00 (excluding VAT)**.

**This form should be completed in full and returned to:**

Namibian Standards Institution  
Tel: +264 61 386400 Fax: +264 61 386454  
P.O. Box 26364 Windhoek, Namibia  
37 Feld Street, Windhoek, Namibia  
Email: [certification@nsi.com.na](mailto:certification@nsi.com.na)

**Organization Name / Applicant:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Company registration number:** \_\_\_\_\_

**Plant / Factory Physical Address (if different from above):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Facsimile number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Details of the Managing Director/Chief Executive Officer/General Manager/Manager of the organization:**

**Full Names:** \_\_\_\_\_ **Capacity:** \_\_\_\_\_

**Details of the Management Representative / Food Safety Team Leader:**

**Full Names:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

|   |  |   |
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Is your organization a part of the larger corporation? If yes, indicate the name and the address of the corporation. \_\_\_\_\_

\_\_\_\_\_

Does the organisation utilise the service of a consultant in the development of the food safety management system? If yes, indicate the name and address of the consultant / consulting firm.

\_\_\_\_\_

\_\_\_\_\_



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**SECTION A**

**1. Description of the type of product/s or service/s provided by your organisation:**

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**2. Define the scope of certification sought.**

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**3. Indicate the applicable FSMS standard and version.**

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**4. Indicate the reference document used in establishing pre-requisite programmes (PRPs) as per Clause 8.2.3 of ISO 22000:2018.**

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**5. Is certification sought for a single or multi-sited organization?**

Single  Multi-site

**6. Does the organization operates shifts? Yes  No**

**6.1 If Yes, how many shifts? \_\_\_\_\_**

**6.2 Please indicate working hours for each shift. \_\_\_\_\_**

**6.3 Are the activities in different shifts similar? Yes  No**



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7. Does the organization operates year round or seasonal? \_\_\_\_\_

8. Indicate number of employees:

| Type of processes<br>(add more were<br>needed) | Branches / sites (for<br>which certification is sought) | Effective Number of<br>personnel |                          | Effective Number<br>of personnel per<br>shift (if applicable) |         | Total |
|--|---|----------------------------------|--------------------------|---|---------|-------|
|  |   | Permanent                        | Contracts /<br>Temporary | Shift 1   | Shift 2 |       |
| Administration                                 |   |                                  |                          |   |         |       |
| Production / Processing                        |   |                                  |                          |   |         |       |
| Maintenance / Service                          |   |                                  |                          |   |         |       |
| Logistics / Sales, etc                         |   |                                  |                          |   |         |       |
|  |   |                                  |                          |   |         |       |
|  |   |                                  |                          |   |         |       |
|  |   |                                  |                          |   |         |       |
|  |   |                                  |                          |   |         |       |

**NOTE:** Effective number of personnel consists of permanent personnel involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted personnel) and part time personnel who will be present at the time of the audit shall be included in this number.



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**SECTION B: ACTIVITIES AND PROCESSES ON SITE**

**1. Incoming materials (please list the main material/and or ingredients used in production)**

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**2. Description of the processes and operations of the organization for which certification is sought (attach list):**

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**3. Specific Activities (tick off please)**

|                          |  |                        |   |
|--------------------------|--|------------------------|---|
| <input type="checkbox"/> | Number of products types   | Please state number of | → |
| <input type="checkbox"/> | Number of production lines   | Please state number of | → |
| <input type="checkbox"/> | Number of buildings  | Please state number of | → |
| <input type="checkbox"/> | Number of storage facilities   | Please state number of | → |
| <input type="checkbox"/> | Size of production facility (in m <sup>2</sup> )   | Please state size      | → |
| <input type="checkbox"/> | In house laboratory  |                        |   |
| <input type="checkbox"/> | Logistics & transport (not outsourced)   |                        |   |
| <input type="checkbox"/> | Product Storage facility (under direct responsibility of your factory)                       |                        |   |
| <input type="checkbox"/> | Product development/Research   |                        |   |
| <input type="checkbox"/> | Staff speaking in more than one language (in case an interpreter is required for this audit) |                        |   |

**4. List of sub-contracted / outsourced activities in the scope of FSMS (i.e. maintenance, calibration, transport, delivery, etc.)**

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**5. Indicate the technology used in the system (e.g. manual, automated, semi-automated)**

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**6. What are the safety conditions that should be considered?**

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**7. Describe post-delivery activities the organization carry out.**

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**SECTION C**

**1. Please give details of number and type of HACCP plans.**

*(A HACCP plan corresponds to a hazard analysis for a family of products/services with similar hazards and similar production technology and, where relevant, similar storage technology).*

*Example: if a factory is producing liquid food (pasteurized and packed aseptic) and solid food (other process type), then the factory has two HACCP plans. Another example is production of two non-related products, e.g. ice cream and cheese*

|                              |  |
|------------------------------|--|
| <b>Number of HACCP plans</b> |  |
|------------------------------|--|

|              |  |
|--------------|--|
| HACCP Plan 1 |  |
| HACCP Plan 2 |  |
| HACCP Plan 3 |  |
| HACCP Plan 4 |  |
| HACCP Plan 5 |  |
| HACCP Plan 6 |  |

**2. Hazard Analysis and critical control point's aspects (CCP's).**

*(Please list the principal FSMS aspects/hazards/risks of your activities)*

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**3. List the Operational Pre-requisite programmes (if any)**

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## SECTION D

### 1. State Management System(s) implemented by the organization

| Management Systems | Certified (Yes or No) | Date Initially Certified | Certified By | Validity period |
|--------------------|-----------------------|--------------------------|--------------|-----------------|
|                    |                       |                          |              |                 |
|                    |                       |                          |              |                 |


### 2. Did the organization implement an integrated management system? Yes No

If yes, please answer the following questions to determine the level of integration?

- Is there an integrated documentation set, including work instructions and procedures?
- Does the Management Reviews consider the overall business strategy and plan?
- Is there an integrated approach to internal audits?
- Is there an integrated approach to policy and objectives?
- Is there an integrated approach to systems processes, please indicate the processes?
- Is there an integrated approach to improvement mechanisms, such as corrective and preventive action; measurement and continual Improvement?

### 3. The following documents and records of the implemented management system shall be available and submitted together with the application:

| Description of information required   | YES | NO |
|---|-----|----|
| Company Registration Certificate (submit document)  |     |    |
| Food Safety Policy and objectives (submit document)   |     |    |
| Food Safety Team (submit document)  |     |    |
| Records of internal audits conducted (submit records) - for multi-site it should be for every site- |     |    |
| Records of Management Review conducted (submit records)   |     |    |
| Defined scope of the Food Safety Management System (submit document)                                |     |    |
| Process Flow diagrams indicating interactions of all steps in the operation                         |     |    |
| List all functions/departments of your organization (submit document)                               |     |    |
| List of all applicable regulatory and statutory legislations (submit documents)                     |     |    |
| List of pre-requisite programmes implemented  |     |    |
| List of finished products and their intended use  |     |    |
| Product recall / mock recall conducted (submit evidence)  |     |    |

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**SECTION E**

1. Does any employee of the applicant participate in any Technical Committee(s) of the NSI? \_\_\_\_\_

If Yes, please state:

Name: \_\_\_\_\_ Technical Committee: \_\_\_\_\_

2. Is any employee of the applicant a member of the Namibian Standards Council (NSC)?

If Yes, please state name: \_\_\_\_\_

3. Is any NSI employee a shareholder or director in your organization?

If Yes, please state the name: \_\_\_\_\_

4. Is the organization a subsidiary company? \_\_\_\_\_

If Yes, please state the subsidiary companies: \_\_\_\_\_

5. Is the organization a member of any industrial association(s)?

If Yes, please state the name(s): \_\_\_\_\_

6. Is your business a joint venture business? \_\_\_\_\_

If Yes, please indicate the parties involved: \_\_\_\_\_

Any other information:

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The NSI may request additional information from the applicant after assessing this application form. This document may be amended whenever deemed necessary, and is accessible on the website [www.nsi.com.na](http://www.nsi.com.na)

Submitting this application, the applicant agrees to:

- (a) allow the NSI audit team access to the applicant's facilities, information and records;
- (b) keep the NSI informed of any changes to the particulars given herein;
- (c) pay fees associated with certification activities;
- (d) provide the NSI with a copies of requested documents and records;
- (e) enter into a certification agreement with the NSI which is valid for three years.

**DECLARATION**

I \_\_\_\_\_ hereby declare that the information submitted in this application is true and correct and that I am duly authorised to sign this application form.

Capacity of person signing application form: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date



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**SECTION F**

**FOR OFFICE USE ONLY**

Date application received: \_\_\_\_\_

Date application reviewed: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_

| Information reviewed            | Yes | No | Comments |
|---------------------------------|-----|----|----------|
| 1) All field complete?          |     |    |          |
| 2) Application fee paid?        |     |    |          |
| 3) Requested document included? |     |    |          |

**Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client File Number:** \_\_\_\_\_