



**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 (add more were needed)	Branches / sites (for which certification is sought)	Effective Number of personnel		Effective Number of personnel per shift (if applicable)		Total
		Permanent	Contracts / 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*

**Number of HACCP plans**

<b>HACCP Plan 1</b>	
<b>HACCP Plan 2</b>	
<b>HACCP Plan 3</b>	
<b>HACCP Plan 4</b>	
<b>HACCP Plan 5</b>	
<b>HACCP Plan 6</b>	

**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?

- a) Is there an integrated documentation set, including work instructions and procedures?
- b) Does the Management Reviews consider the overall business strategy and plan?
- c) Is there an integrated approach to internal audits?
- d) Is there an integrated approach to policy and objectives?
- e) Is there an integrated approach to systems processes, please indicate the processes?
- f) 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 deem 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:** \_\_\_\_\_