***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$ 2473.33 (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

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: _____

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.

_____

_____

SECTION A

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

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

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

_____

_____

_____

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** ☐

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.

SECTION B: ACTIVITIES AND PROCESSSES ON SITE

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

_____

_____

_____

_____

2. **List all functions/departments and the main activities carried out in the indicated functions/departments of your organization, which are part of the scope of the certification (attach list).**

_____

_____

_____

_____

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

_____

_____

_____

_____

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

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

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

_____

_____

_____

_____

_____

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

_____

_____

_____

6. What are the safety conditions that should be considered by the Audit team?

_____

_____

_____

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

_____

_____

_____

_____

_____

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	

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)

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

_____

_____

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)		

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:

_____

_____

_____

_____

_____

_____

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

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*

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: _____