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| **Details of Company Contact:-** | | | |
| **Title:** | Choose an item. | **Tel Number:** | Enter Text Here |
| **First Name:** | Enter Text Here | **Mobile:** | Enter Text Here |
| **Surname:** | Enter Text Here | **E-mail:** | Enter Text Here |
| **Position:** | Enter Text Here |  |  |

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| **Section 1:** | **Company Information:-** | | | |
| **Details of Head Office:-** | | | | |
| **Company Name** | | Enter Text Here | | |
| **Address Line 1** | | Enter Text Here | | |
| **Address Line 2** | | Enter Text Here | | |
| **Address Line 3** | | Enter Text Here | | |
| **County/State/Region** | | Enter Text Here | | |
| **Post/Zip Code** | | Enter Text Here | | |
| **Country** | | Enter Text Here | | |
| **Telephone (inc Country code)** | | Enter Text Here | | |
| **Website** | | Enter Text Here | | |
| **Company Registration Number** | | Enter Text Here | | |
| **VAT Number (UK & European Union only)** | | Enter Text Here | | |
| **Legal Status** | | Enter Text Here | | |
| **Name of Managing Director/CEO** | | Enter Text Here | | |
| **Name of the nearest International Airport** | | Enter Text Here | | |
| **Are cables manufactured at this location** | | Choose an item. | | |
| **if No or N/A please complete next question below** | | |
| **Functions Carried out at this Location** | | Enter Text Here | | |
| **Number of Permanent Staff at location undertaking the following functions:-** | | | | |
| **Function** | | **Shift 1** | **Shift 2** | **Shift 3** |
| **Management** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Planning** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Sales/Marketing** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Design** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Production** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **QC and Laboratory** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Procurement/Purchasing** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **HR/Training** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Distribution** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Part time staff** | | Enter Text Here | | |

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| **Section 2:** | **Factory Location:-** | | | |
| **If the location of the factory is not the same as that given above, please complete details below:-** | | | | |
| **Factory Name** | | Enter Text Here | | |
| **Address Line 1** | | Enter Text Here | | |
| **Address Line 2** | | Enter Text Here | | |
| **Address Line 3** | | Enter Text Here | | |
| **County/State/Region** | | Enter Text Here | | |
| **Post/Zip Code** | | Enter Text Here | | |
| **Country** | | Enter Text Here | | |
| **Telephone (inc Country code)** | | Enter Text Here | | |
| **Name of Factory Manager** | | Enter Text Here | | |
| **Name of the nearest International Airport** | | Enter Text Here | | |
| **Distance between factory and HQ** | | Enter Text Here | | |
| **Number of Permanent Staff Employed at location undertaking the following functions:-** | | | | |
| **Function** | | **Shift 1** | **Shift 2** | **Shift 3** |
| **Management** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Planning** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Sales/Marketing** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Design** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Production** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **QC and Laboratory** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Procurement/Purchasing** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **HR/Training** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Distribution** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Part Time Staff** | | Enter Text Here | | |
| **Manufacturing Processes:-** | | | | |
| **Do you Outsource any part of your manufacturing processes** | | Choose an item. | | |
| **if Yes please state below** | | |
| **Outsourced Processes (if applicable)** | | Please List Here | | |
| **Do you manufacture your own compounds** | | Choose an item. | | |

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| **Section 2:** | **Factory Location:-** | | | |
| **If the location of the factory is not the same as that given above, please complete details below:-** | | | | |
| **Factory Name** | | Enter Text Here | | |
| **Address Line 1** | | Enter Text Here | | |
| **Address Line 2** | | Enter Text Here | | |
| **Address Line 3** | | Enter Text Here | | |
| **County/State/Region** | | Enter Text Here | | |
| **Post/Zip Code** | | Enter Text Here | | |
| **Country** | | Enter Text Here | | |
| **Telephone (inc Country code)** | | Enter Text Here | | |
| **Name of Factory Manager** | | Enter Text Here | | |
| **Name of the nearest International Airport** | | Enter Text Here | | |
| **Distance between factory and HQ** | | Enter Text Here | | |
| **Number of Permanent Staff Employed at location undertaking the following functions:-** | | | | |
| **Function** | | **Shift 1** | **Shift 2** | **Shift 3** |
| **Management** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Planning** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Sales/Marketing** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Design** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Production** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **QC and Laboratory** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Procurement/Purchasing** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **HR/Training** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Distribution** | | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Part Time Staff** | | Enter Text Here | | |
| **Manufacturing Processes:-** | | | | |
| **Do you Outsource any part of your manufacturing processes** | | Choose an item. | | |
| **if Yes please state below** | | |
| **Outsourced Processes (if applicable)** | | Please List Here | | |
| **Do you manufacture your own compounds** | | Choose an item. | | |

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| **Section 3:** | **Management Systems:-** | |
| **BASEC PCR - Product Certification Requirements:-** | | |
| **Do you have a documented management system operating at your HQ plus all manufacturing locations?** | | Choose an item. |
| **How long has it been in operation?** | | Enter Text Here |
| **Do you operate a fully integrated management system?** | | Choose an item. |
| **If you have multiple locations do you operate a multi-site management system?** | | Choose an item. |
| **Have you undertaken a full set of internal audits in the last 12 months?** | | Choose an item. |
| **\*Do you already hold ISO 9001 Certification with another body?**  (\*If your ISO 9001 certificate has been issued by a Certification Body, accredited by an IAF member [such as UKAS], we may be able to reduce the audit duration. Please provide a copy of your current ISO 9001 Certificate together with copies of the last 2 audit reports. All information submitted with be treated confidentially.) | | Choose an item. |
| **Is your documentation available in the English Language?**  (As required by Clause 2.1 of BASEC’s Terms & Conditions – CF013) | | Choose an item. |
| **Scope of PCR approval** (Please confirm the scope of approval you wish to apply for, i.e. design and manufacture of Low Voltage Cables):- | | |
| **Enter Text Here** | | |

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| **ISO 9001 Quality Management Systems:-** | | |
| **Proposed ISO 9001 Scope:** | **Enter Text Here** | |
| If you are transferring your ISO 9001 approval to BASEC please complete the following. You will also need to provide us with a copy of your current ISO 9001 Certificate together with copies of the last 2 audit reports, together with the information detail below:- | | |
| **Who are you currently certified by?** | | Enter Text Here |
| **Why do you wish to transfer?** | | Enter Text Here |
| **How many visits per year does your existing Certification Body perform?** | | Enter Text Here |
| **How many days per visit?** | | Enter Text Here |
| **What was the last date you were audited by your Certification Body?** | | Select Date |
| **Were there any major non-conformances during your last audit?** | | Choose an item. |
| **Do you have any outstanding non-conformances from previous audits?** | | Choose an item. |

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| **ISO 14001 Environmental Management Systems:-** | | |
| **Proposed ISO 14001 Scope:** | **Enter Text Here** | |
| **Please provide an overview of your processes, in particular any High-Risk processes and the severity of outcome that may be associated with these risks.**  **Note:** - Clients based or operating outside the European Union will have to confirm their data source for information relating to specific statutory, regulatory and legislative requirements applicable within their country. | | |
| Enter Text Here | | |
| **What are the environmental aspects and impacts arising from your products and services?** | | |
| **Emissions to Air** | | Choose an item. |
| **Release to Water** | | Choose an item. |
| **Waste Management** | | Choose an item. |
| **Contamination of Land** | | Choose an item. |
| **Use of raw materials and natural resources** | | Choose an item. |
| **Other local environmental and community issues** | | Choose an item. |

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| **ISO 45001 (BS OHSAS 18001) Occupational Health and Safety Management Systems:-** | | | | | | |
| **Proposed ISO 45001 (OHSAS 18001) Scope:** | | | **Enter Text Here** | | | |
| **Please provide an overview of your company’s activities i.e. does it involve light / heavy engineering activities, machine tools, mechanical assembly, automated or semi-automated processing equipment, warehouse and distribution facilities, site installation, lifting and installation of heavy steel components etc. Please also provide details of the materials used e.g., toxic, highly flammable, potentially explosive, radioactive.**  **Note: -** Clients based or operating outside the European Union will need to confirm their data source for information relating to any specific statutory, regulatory and legislative requirements applicable within their country. | | | | | | |
| Enter Text Here | | | | | | |
| **Please provide an overview of your significant OH&S Risks, including any health surveillance monitoring activities.** | | | | | | |
| **Enter Text Here** | | | | | | |
| **Do you have direct management control of the site(s) being audited?** | | | | | | Choose an item. |
| **Do you occupy the premises to be audited with another company?** | | | | | | Choose an item. |
| **Designated Health and Safety Representative Contact Details:-** | | | | | | |
| **First Name:** | Enter Text Here | | | **Surname:** | Enter Text Here | |
| **Position:** | Enter Text Here | | | **Email** | Enter Text Here | |
| **Direct Tel No:** | | Enter Text Here | | **Mobile:** | Enter Text Here | |

All Accreditations held by BASEC (such as UKAS), are maintained by way of regular audits which are carried out by UKAS / other Accreditation personnel. Part of this audit process includes witnessing the audits conducted by BASEC personnel. From time to time, your co-operation will be required in terms of allowing UKAS / other Accreditation personnel to witness any audits that we perform on your Company.