**Kindly Confirm Below mentioned information before your Surveillance Audit**

|  |  |
| --- | --- |
| **Client Name** |  |
| **Certificates Number(s)** |  |
| **Change in Client Name** | Yes  No  If Yes:  Confirm Name: |
| **Change in Address** | Yes  No  If Yes:  Updated Address: |
| **Currently Operative temporary Site (if Applicable)** | Please fill Annexure-1 of this from |
| **Change Scope** | Yes  No  If Yes:  New Scope: |
| **Change Employees** | Yes  No  If Yes confirm below:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please list the number of employees in each area/site  (please use additional sheets if required) | Full Time | Part Time | Contract  Employees | Shifts | Personnel working away from the premises | | Manufacturing/Service area |  |  |  |  |  | | Quality Control/Technical |  |  |  |  |  | | Administration |  |  |  |  |  | | Storage/Warehouse |  |  |  |  |  | | Other |  |  |  |  |  | | Management |  |  |  |  |  | | Total Employees  (Full time equivalent) |  |  |  |  |  | |
| **Changes in Technology** | Yes  No  If Yes Record changes: |
| **Changes in Management System Documentation** | Yes  No  If Yes please Record changes: |
| **Changes in Legal Requirements** | Yes  No  If Yes please Record changes: |
| **New OHS Risk(s) Identified** | Yes  No  If Yes please Record Risk(s): |
| **Changes in Environmental Aspect & Impact** | Yes  No  If Yes please Record: |
| **Received any customer complaint** | Yes  No  If Yes No. of Customer complaint Received: |

**Annexure-1**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site**  **No.** | **Name & Address of site & Type (Fixed & Temporary)** | **Scope/Activities performed** | **Functions** | **Distance from HO** | **No. of Shifts** (Give Shift wise employees details in case of multiple shifts) | **Total Number of Employees** | | | | | **Effective Number of Employees** (To be filled by ISPL) |
|  | QMS | EMS | OHS | Other-Specify |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |
|  |  |  |  |  |  | Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |
| Contracted |  |  |  |  |
| Working away from premises |  |  |  |  |
| **Total** |  |  |  |  |

**Declaration**: The information provided above is true to the best of our knowledge and behalf.

Name:

Designation: Sign: Date:

|  |
| --- |
| **FOR THE USE OF ACPL ONLY**  Reviewed By : Date:    New Contract Review Required 🞐 Yes 🞐 No |

Please send it on below address or Email:

**ACME CERTIFICATION PVT. LTD.**

**2-A/3, SECOND FLOOR (FRONT PORTION), ASAF ALI ROAD, TURKMAN GATE, NEW DELHI-110002**

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