



**MALAWI BUREAU OF STANDARDS
MANAGEMENT SYSTEM CERTIFICATION DIVISION**

Document no:
COD001-F001

Revision no:
00

Effective date:
1 July 2017

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MANAGEMENT SYSTEM CERTIFICATION APPLICATION FORM

This document has been designed to capture an applicant organization's details regarding its business and management system processes. This form will be used to measure your readiness for management system certification and we request you to complete all the required questions on this form. The completeness of the required details will enable us to successfully review your application.

Please return this completed application form to:

The Director General
Malawi Bureau of Standards
P.O. Box 946
Blantyre
Malawi
Email: mbs@mbsmw.org

A - Company details	
A1 Company name:	
A2 Physical location of the company:	
A3 Postal address of the company:	
A4 Telephone no.:	
A5 Fax no.:	
A6 Website address:	
A7 Email address:	
A8 Name of chief executive:	
A9 Contact number of chief executive:	
A10 Contact person name:	
A11 Position of contactperson:	
A12 Contact person e-mail:	



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A13 Are you part of a larger corporation / organization?		If yes, please specify:	
B - Management system details			
B1 Specify the scope of your management system: <small>(Scope of certification as to be noted on the certificate)</small>			
B2 Is certification sought for the full or certain aspects of your management system?		If for certain aspects, which one(s)?	
B3 Are the management system / parts of it already certified?		If yes, to which standard, which aspect and by which body?	
B4 Mark the standard to which certification is applied for?	ISO 9001 – Quality Management Systems		
	ISO 14001 – Environmental Management Systems		N/A
	OHSAS 45001 – Occupational Safety & Health Management Systems		N/A
	ISO 22000 – Food Safety Management Systems		
	Other - specify		
B5 Give a short description of your core business / key processes:			
B6 Give examples of your customers to whom you supply your product / service:			
B7 List the type of product(s) handled or services provided:			



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Representative / Food Safety Team Leader?																
B14 Have you completed the development of your manual (where required) & mandatory procedures?		If not, which ones are to be completed?														
B15 Have you made use of a consultant / external expert to establish / implement / audit your management system?		If yes, which aspect of your system was externally supported Also include his/her name														
B16 Are your organization's activities, product(s) and services subjected to any laws, regulations, permits, licenses and any official authorizations?		If yes, state the laws, regulations, permits, licenses, etc.														
B17 Which of your processes are outsourced?																
B18 Which requirements (clauses) of the standard have been excluded? (ISO 9001 only)		Provide reasons:														
B19 Any branches / other sites which need to be included in the certification?		<table border="1"> <thead> <tr> <th data-bbox="643 1854 922 1944">Location</th> <th data-bbox="922 1854 1246 2132">Main function</th> <th data-bbox="1246 1854 1501 2132">Staff complement</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Location	Main function	Staff complement											
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B20 Any temporary sites which need to be included in the certification?		Location	Main function	Staff complement	
B21 How many internal audits, covering the whole organization (management system), have you done?		If not the whole organization, which aspects are outstanding?			
B22 How many Management Review meetings have you done?		If none, for when have you scheduled one?			
B23 Have the following people received the required training?	Management Rep / Food safety team leader		Internal auditor(s) & how many		
B24 Staff complement: (Full time = F / Temporary = T / Admin = A / Technical or production = T/P)	F		F - A		F - T/P
	T		T - A		T - T/P
B25 Staff complement in design and development (if applicable – ISO 9001)	F		T		A
B26 What is the total number of employees					



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whose work affects the proposed scope of certification?				
B27 Do you operate a Shift System?	If yes, how many and the times?			
B28 Staff(T/P) complement per shift?				
B29 Specify your language preference:	English:		Other:	
B30 Have you received information on the certification process?				
B31 Do you have any uncertainties regarding the certification process? If yes, please specify:				
B32 If you can, specify your date for the stage 1 audit:				
B33 If you can, specify the date by which certification is sought:				

C - Food handling applicants only

Indicate your specific food handling category within the food chain by a "Yes" next to the appropriate block and then specify the type of food material(s) / product(s) handled:

A - Farming with animals:		Indicate type of food material / product:	



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B - Farming with plants:		Indicate type of food material / product:	
CI - Processing of perishable animal products:		Indicate type of food material / product:	
CII - Processing of perishable plant products:		Indicate type of food material / product:	
CIII - Processing of perishable animal and plant products (mixed products):		Indicate type of food material / product:	
CIV - Processing of ambient stable products:		Indicate type of food material / product:	
DI - Production of feed:		Indicate type of food material / product:	
DII - Production of pet food:		Indicate type of food material / product:	
E - Catering:		Indicate type of food material / product:	
F - Food distributor: (retail / wholesale / food broking / trading)		Indicate type of food material / product:	
GI - Provision of transport / storage		Indicate type of food	



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services – perishable food / feed:		material / product:	
GII - Provision of transport / storage services – ambient stable food / feed:		Indicate type of food material / product:	
H - Services supporting food safety production i.e. water supply / pest control / cleaning service / waste disposal / etc. :		Indicate type of food material / product:	
I - Production of food packaging and packaging material:		Indicate type of food material / product:	
J - Production and development of food processing equipment and vending machines:		Indicate type of food material / product:	
K - Production of food and feed additives, vitamins, minerals, bio-cultures, flavourings, enzymes and processing aids: Pesticides, drugs, fertilizers, cleaning agents, etc.:		Indicate type of food material / product:	
Other:		Specify:	

D - Declaration (yes / no) of inclusion of the following documents with your application

Copy of the management system manual for review(where applicable).

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Organizational structure.

**Any additional information
supplied?
If yes, please specify**

Application declaration

I, the authorized representative of the organization and undersigned, declare that the information given in this application is correct to the best of my knowledge and belief.

I undertake to inform MBS of any changes with respect to the application and accept full responsibility of any costs incurred as a result of any changes not reported to MBS in good time.

We understand how MBS will undertake the certification process, and are familiar with the standard(s) and other criteria against which the certification is sought.

Upon certification application registration, our organization agrees to comply with the MBS Management Systems Certification Scheme and the signed Certification Agreement.

We undertake to pay the prescribed fees agreed upon.

Name

Position

Signature

Date

For MBS use:

Application no:

**Date
processed:**