



昊博江苏认证有限公司
管理体系认证申请表

Haobo Jiangsu Certification Co.,Ltd

Application Form For Management System Certification

申请认证组织名称：
Name Of The Organization That
Applies For Authentication

	昊博江苏认证有限公司 HaoBo Jiangsu Certification Co.,Ltd	文件编号	QR-03-00
	管理体系认证申请表 Application Form For Management System Certification	版 号	B1
		实施日期	2023 年 12 月 01 日

申请管理体系认证所需资料

Information Required To Apply For Management System Certification

- 1.法律地位的证明文件（包括：企业营业执照、事业单位法人证书、社会团体登记证书、非企业法人登记证书、党政机关设立文件等）的复印件。若覆盖多场所活动，应附每个场所的法律地位证明文件的复印件（适用时）。Copies of documents certifying legal status (including: Enterprise business license, institution legal person certificate, social organization registration certificate, non-enterprise legal person registration certificate, establishment documents of party and government organs, etc.). If multiple venues are covered, copies of the legal status documents for each venue should be attached (where applicable).
- 2.与认证范围相关法律法规许可证明文件（包括生产许可证、卫生许可证、3c 认证证书、qs 市场准入证明、建筑资质证书、医疗器械许可证等）。Laws and regulations related to the scope of certification certification documents (including production license, health license, 3c certification, qs market access certificate, construction qualification certificate, medical device license, etc.)
- 3.施工建设或勘测设计组织还应提供正在实施的工程项目名称、地址、与总部距离、人数和在施状态的清单《多场所信息表》。The construction or survey and design organization shall also provide a list of the name, address, distance from the headquarters, number of people and status of the project being implemented.
- 4.申请环境管理体系认证的组织（1998 年以后成立或新改扩建的）需提供环评和三同时验收资料（适用时）；重要环境因素清单；适用的法律法规清单。Organizations applying for environmental management system certification (established after 1998 or newly expanded) are required to provide environmental assessment and three simultaneous acceptance data (where applicable); list of significant environmental factors; list of applicable laws and regulations.
- 5.申请职业健康安全管理体系认证的组织，需提供安全评价和三同时验收资料（适用时）；重大危险源清单；适用的法律法规清单。Organizations applying for occupational health and safety management system certification shall provide safety evaluation and three simultaneous acceptance data (where applicable); heavy list of major hazards; list of applicable laws and regulations.
- 6.正式审核前一个月提交本组织有效版本的管理体系相关文件。Submit a valid version of the organization's management system documents one month before the formal audit

本组织将遵守认证要求提供认证所需的各种信息和证据，对提供的信息材料的真实性负责。

The organization will comply with the certification requirements to provide all kinds of information and evidence required for certification, and is responsible for the authenticity of the information materials provided.

本单位已获取你公司的公开文件，充分了解国家关于认证认可的法律法规及你公司的认证要求，自愿向你公司提出认证申请，并承诺始终遵守有关认证、认证标志使用、认证信息变更通报等要求；按规定向你公司缴纳认证活动所需各项费用；在证书有效期内接受例行监督审核/审查和国家对获证组织的监督抽查。The unit has obtained the public documents of your company, fully understood the national laws and regulations on certification and accreditation and the certification requirements of your company, voluntarily submitted the certification application to your company, and promised to always comply with the requirements of certification, certification mark use, certification information change notification, etc.; pay the fees required for certification activities to your company as required; within the validity period of the certificate, it shall be subject to routine supervision and audit/review and national supervision and spot inspection of the certified organization.

本单位承诺该申请书的内容及所附材料属实，并在接受审核/审查时向审核/审查组提供必要的工作条件和真实有效的运作信息。The company promises that the content of the application and the attached materials are true, and provides the necessary working conditions and true and effective operation information to the audit/review team when accepting the audit/review.

申请组织（盖章 Seal）
Applicant Organization

被授权人（签字 Signature）：
Authorized Person

日期 Date：_____年 Year_____月 Month_____日 Day

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申请组织基本信息 Basic Information About The Application Organization			
组织名称 Organization Name			
注册地址/邮编 Registered Address/Zip Code			
生产地址/邮编 Production Address/Zip Code			
经营地址/邮编 Business Address/Zip Code			
通讯地址/邮编 Mailing Address/Zip Code			
注：子母证名称及地址直接用“/”区分表述。 Note: The name and address of the parent certificate are directly distinguished by "/".			
统一社会信用代码 Unified Social Credit Identifier		邮箱 Mail Box	
注册资本（万元） Registered Capital (Ten Thous And Yuan)		传真 Fax	
法定代表人 Legal Representative		手机 Mobile Phone	
总经理 General Manager		手机 Mobile Phone	
管理者代表 Management Representative		手机 Mobile Phone	
联系人 Contact Person		手机 Mobile Phone	
申请认证依据 Application For Certification Basis	审核类型 Audit Type		标志 Mark
<input type="checkbox"/> GB/T 19001-2016/ISO9001:2015 （质量管理体系） Quality Management System	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification		<input type="checkbox"/> CNAS <input type="checkbox"/> IAS <input type="checkbox"/> HB
<input type="checkbox"/> GB/T 24001-2016/ISO14001:2015 （环境管理体系） Environment Management System	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification		<input type="checkbox"/> CNAS <input type="checkbox"/> IAS <input type="checkbox"/> HB
<input type="checkbox"/> GB/T 45001-2020/ISO45001:2018 （职业健康安全管理体系） Occupation Health Safety Management System	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification		<input type="checkbox"/> CNAS <input type="checkbox"/> IAS <input type="checkbox"/> HB
<input type="checkbox"/> GB/T 50430-2017 （工程建设施工企业质量管理规范） Quality Management Standards For Engineering Construction Enterprises	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification		<input type="checkbox"/> HB

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<input type="checkbox"/> GB/T 31950-2015 (企业诚信管理体系认证) Enterprise Integrity Management System Certification	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification	<input type="checkbox"/> HB
<input type="checkbox"/> GB/T 39604-2020 (社会责任管理体系认证 Social Responsibility Management System Certification)	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification	<input type="checkbox"/> HB
<input type="checkbox"/> GB/T 27922-2011(商品售后服务认证) Product After-Sales Service Certification	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification	<input type="checkbox"/> HB
<input type="checkbox"/> 其他 Other:	<input type="checkbox"/> 初审 Initial Accreditation <input type="checkbox"/> 监督 Surveillance <input type="checkbox"/> 再认证 Recertification	<input type="checkbox"/> HB

其它及备注 Other And Remarks :

注：当选择认可标志时，默认认可标志与本机构标志同时选择使用 Note: When selecting the recognition mark, the default recognition mark and the logo of the organization are selected at the same time

1. 认证/服务范围描述 (最终以审核组长在审核现场确认的产品/服务为准，子母证范围分开表述)
 Certification/service scope description (the final product/service confirmed by the audit team leader at the audit site shall prevail, and the scope of the child and mother certificates shall be expressed separately):

2. 是否有多个常设/固定场所、临时场所 Whether There Are Multiple Permanent/Fixed Sites, Temporary Sites :

☐ 是 Y(填写附件《多场所信息表》 Fill In The Attached Multi-Site Information Form) ☐ 否 N

是否有子证公司 Whether There Is A Subsidiary Company :

☐ 是 Y(填写附件《多场所信息表》 Fill In The Attached Multi-Site Information Form) ☐ 否 N

3. 组织总人数 Organizational Headcount: _____ 人 Person; 体系覆盖人数 No. Of People Covered By System: _____ 人 Person; 工作时间 Working Time: _____ ; 午休时间 Lunch Break: _____

社保员工数 Social Security Employees		固定员工数 Permanent Employees		临时员工数 Temporary Employees		季节性人数 Seasonal Population		
倒班/轮班 Shift/Shift: <input type="checkbox"/> 否 N <input type="checkbox"/> 是 Y (请填写以下内容 Please Fill In The Following) :								
白班 Day Shift	人数 No.		中班 Mid Shift	人数 No.		夜班 Night Shift	人数 No.	
	工作时间 Time			工作时间 Time			工作时间 Time	
组织场所内工作人员数 Staff In The Organization Site			组织场所外工作人员数 Staff Outside The Organization Site					
组织场所外工作人员的主要工作 Organize The Main Work Of Off-Site Staff								

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注：本组织承诺该员工人数真实可信，如在现场审核时出现申报员工人数明显低于实际有效员工人数的情况且无合理理由，本组织同意按规定增加审核时间/补充审核及承担由此所追加的认证费用。
 Note: The organization promises that the number of employees is true and credible. If the number of declared employees is significantly lower than the actual number of effective employees in the on-site audit and there is no reasonable reason, the organization agrees to increase the audit time/supplementary audit as required and bear the additional certification costs.

4.工作语言 Language: <input type="checkbox"/> 汉语 Chinese <input type="checkbox"/> 其他 Other: _____	5.管理体系的运行开始时间 Start Time Of Management System Operation: _____
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6.希望认证审核时间 Expect Certification Audit Time(季节性产品标明生产季节,周六/日能否接受审核 Seasonal products indicate the production season and can be audited on saturdays/sundays) : _____
 注：建议再认证申请组织在认证证书有效期到期前 30 天完成现场审核。Note: It is recommended that the applicant organization complete the on-site audit 30 days before the expiration date of the certification.

7.是否获得过认证证书 Whether You Have Obtained The Certification Certificate: ☐ 是 Y ☐ 否 N
 证书类型 Certificate Type: ☐ QMS ☐ EMS ☐ OHSMS ☐ 服务 Service ☐ 其它 Other:
 颁证机构 Certification Body: _____
 证书编号 Certificate No.: _____
 证书有效期 Certificate Validity: _____
 以前的审核中是否有不推荐结论,或因发生质量、环境、安全事故被曝光造成认证证书被暂停或撤销 Whether there are no recommended conclusions in the previous audit, or the certification has been suspended or revoked due to the exposure of quality, environmental or safety incidents: ☐ 是 Y ☐ 否 N

8.厂区/服务区域面积 Plant/Service Area Area _____平方米 m²;
 建筑面积 Area Of Structure _____平方米 m²。

9.组织是否被执法监管部门责令停业整顿或在全国企业信用信息公示系统中被列入“严重违法企业名单” Whether the organization has been ordered to suspend business for rectification by law enforcement and supervision departments or has been included in the "List of seriously illegal enterprises" In the national enterprise credit information publicity system:
☐ 是 Y ☐ 否 N
 如勾选“是”此项,请简述有关情况 If "Yes" Is Selected, Please State The Relevant Information Briefly: _____

10.是否组织正面临与质量、环境和职业健康安全等管理体系相关的法律诉讼 Whether the organization is facing legal action related to its management systems such as quality, environment and occupational health and safety: ☐ 是 Y ☐ 否 N
 如勾选“是”此项,请简述有关情况 If "Yes" Is selected, please state the relevant information briefly: _____

11.再认证组织填写 Re-Certification Organization Enter This Parameter:
☐ 上周期已签管理体系再认证合同,本周期延续执行原合同 The management system re-certification contract has been signed in the last cycle, and the original contract is continued in this cycle
 体系文件是否发生变化 System Files Are Changed:
☐ 是 Y (需在现场审核前提供 Must Be Provided Prior To Site Audit) ☐ 否 N
 组织机构是否发生变化 Whether The Organization Has Changed:
☐ 是 Y (需在现场审核前提供 Must Be Provided Prior To Site Audit) ☐ 否 N

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12.管理体系的一体化程度(多体系认证组织填写) Degree of integration of the management system (filled in by the multi-system certification organization)			
1)管理评审是否关注了一体化组织总体经营战略和计划? Does the management review focus on the overall business strategy and plan of the integrated organization?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
2)内部审核是否采用了一体化审核的方法? Has the internal audit adopted an integrated audit approach?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
3)是否制定了一体化的管理体系方针和目标? Are there integrated management system policies and objectives in place?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
4)是否确定了一体化的管理体系过程? Has an integrated management system process been identified?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
5)是否制定和管理了一体化的管理体系文件 (包括作业指导文件)? Are integrated management system documents (including operational guidance documents) developed and managed?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
6)是否建立了一体化持续改进机制 (包括纠正/预防措施、测量和持续改进)? Is there an integrated continuous improvement mechanism (including corrective/preventive action, measurement and continuous improvement) in place?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
7)是否具有一体化的管理支持和管理责任? Is there integrated management support and management responsibility?	<input type="checkbox"/> 是 Y	<input type="checkbox"/> 否 N	
13.提供认证咨询的机构/人员 Organizations/People Who Provide Certification Consulting: <input type="checkbox"/> 无 N; <input type="checkbox"/> 有 Y (如有 If Yes): _____			
14.申请认证客户采用的所有影响符合性外包过程/活动外包的信息 Information on all outsourcing processes/activities adopted by the applicant for certification that affect compliance outsourcing: 有无外包过程 Outsourcing Or Not: <input type="checkbox"/> 无 N <input type="checkbox"/> 有 Y, 外包过程 Outsourcing Process: _____			
15.申请质量管理体系填写 Application For Quality Management System Filling: 管理体系是否有不适用 Whether the Management System Is Not Applicable: <input type="checkbox"/> 否 N <input type="checkbox"/> 是 Y 不适用标准条款 Standard Terms Do Not Apply: _____ ; 不适用理由 Reason Not Applicable: _____			
16.申请环境管理体系填写 (重要环境因素) Application for environmental management system filling (important environmental factors) 			
17.申请职业健康安全管理体系填写 (不可接受危险源、OHS风险、主要危险材料) Application for occupational health and safety management system (unacceptable hazard sources, ohs risk, major hazardous materials) 			

注:上述本文件中当中英文表述不一致时,以中文表述为准。
In the event of any inconsistency between the English and Chinese versions of this document, the Chinese version shall prevail.