

To: NIPPON KAIJI KYOKAI

Date: \_\_\_\_\_

**APPLICATION FOR MANAGEMENT SYSTEM AUDIT**

I, the undersigned applicant, request the NIPPON KAIJI KYOKAI, to provide the certification services as described below in accordance with the "Rules for Certification of the Management Systems".

Kind of Audit	<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Renewal <input type="checkbox"/> Occasional (due to: _____ )				
	<input type="checkbox"/> Transfer of Management System Certification (Name of Existing Certification Body: _____ )				
Applicable Standards	<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 45001:2018	<input type="checkbox"/> ISO 50001:2018	
	<input type="checkbox"/> JIS Q 9001:2015	<input type="checkbox"/> JIS Q 14001:2015	<input type="checkbox"/> JIS Q 45001:2018	<input type="checkbox"/> JIS Q 50001:2019	
	<input type="checkbox"/> ISO 39001:2012				
(If you apply for different kinds of audits for multiple applicable standards, please apply for the audits for each applicable standard.)					
Details of Organization	Certification No.	(No entry for Initial Audit)			
	Organization Name				
	Address				
	* Details of sites shall be entered to the attachment 1.				
	Top Management:	Name			
		Position			
	Management Representative* (*When appointed)	Name			
		Position			
	Person in Charge	Name			
		Position			
Tel.					
E-Mail					
(When available, fill telephone number and e-mail address for the department.)					
Scope of Certification <input type="checkbox"/> No change (※)	(Refer to description of existing certificate)				
Number of Personnel (involved in the scope of certification)	* No. of People (including part-time worker, temporary worker, cooperative company worker etc.)				
	Application of Shift Work <input type="checkbox"/> : No <input type="checkbox"/> : Yes (Please fill out the <b>attachment 1</b> with details.)				
Expected Date of Audit					
Contract with Consultant	<input type="checkbox"/> : No <input type="checkbox"/> : Yes Name of Consultant: _____				
Outsourced processes	<input type="checkbox"/> : Yes ( <input type="checkbox"/> Attached the identified outsourced processes) <input type="checkbox"/> : No *Required to fill for initial audit.				
Information for Management System Documents	(Please fill in the title, document number, revision number and or revised date, etc.)				
Remarks					

※ When there is no changes after the previous audit, please tick " No change" (It is unnecessary to enter details into the column).

Applicant	Signature			
Billing address	<input type="checkbox"/> : as stated above	<input type="checkbox"/> : as stated below		
	Organization			
	Tel. & Fax. No.		E-Mail:	
	Name & Position			

Note: Please use the latest version downloaded from ClassNK website (<http://www.classnk.or.jp/>), then fill out completely and file with ClassNK.

**Attachment 1**

**Sites included in the scope of certification** (Please fill out all sites.)

No.	Details of Each Site (☑ : check the appropriate box.)		
1	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: ( ) Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ( ) *Number of shift worker: ( ) Persons
	Approx. number of cooperative company worker among mentioned above: ( ) Persons		Kind of shift work: ( ) Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
2	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: ( ) Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ( ) *Number of shift worker: ( ) Persons
	Approx. number of cooperative company worker among mentioned above: ( ) Persons		Kind of shift work: ( ) Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
3	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: ( ) Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ( ) *Number of shift worker: ( ) Persons
	Approx. number of cooperative company worker among mentioned above: ( ) Persons		Kind of shift work: ( ) Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different
4	Name of Site:	Address	
		Scope of Certification	
	Number of people in the site: ( ) Persons	Shift Work : <input type="checkbox"/> Not applied <input type="checkbox"/> Applied (Please fill out the right column with details)	Type of shift: <input type="checkbox"/> 2-shift <input type="checkbox"/> 3-shift <input type="checkbox"/> Others ( ) *Number of shift worker: ( ) Persons
	Approx. number of cooperative company worker among mentioned above: ( ) Persons		Kind of shift work: ( ) Kind of work of each shift : <input type="checkbox"/> Same <input type="checkbox"/> Different Level of control of each shift: <input type="checkbox"/> Same <input type="checkbox"/> Different

\*Example: In case of 2-shift with 15 persons each, please fill out 30 persons in this column.

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**Attachment 2**

This attachment can be used only for the following cases and submitted to the NIPPON KAIJI KYOKAI (ClassNK) together with the application form.

- 1) Initial Audit.
- 2) Transfer of Certification
- 3) Change of the “kind of certificate” or “description of the certificate”.

<b>Kind of Certificate</b>  (Please select the certificate to be issued)	* Certificates with the symbol or mark of accreditation bodies (JAB and RvA) are issued only for the accredited scopes of ClassNK.	
	<b>ISO 9001</b>	<input type="checkbox"/> Certificate with <b>NK Registration Mark</b> <input type="checkbox"/> Certificate with <b>NK Registration Mark and JAB Accreditation Symbol*</b> <input type="checkbox"/> Certificate with <b>NK Registration Mark and RvA Accreditation Mark*</b>
	<b>ISO 14001</b>	<input type="checkbox"/> Certificate with <b>NK Registration Mark</b> <input type="checkbox"/> Certificate with <b>NK Registration Mark and JAB Accreditation Symbol*</b>
	<b>ISO 45001, ISO39001, ISO 50001</b>	<input type="checkbox"/> Certificate with <b>NK Registration Mark</b>
<b>Description in English</b>	<b>Organization Name</b> _____	
	<b>Address</b> _____	
	<b>Scope of Certification</b> _____	
<b>Documents attached</b>  (Please tick the documents attached to the application form)	<b>Common</b>	
	<input type="checkbox"/>	Manual of management system (MS)
	<input type="checkbox"/>	List of procedures, instructions and others relating to MS
	<input type="checkbox"/>	Organization’s outline (general features of organization, significant aspects of its process and operations, and any relevant legal obligations:)
	<input type="checkbox"/>	Business and Service activities (general information, relevant for the field of certification applied for, concerning the applicant organization, such as its activities, human and technical resources, functions and relationship in a large corporation, if any:)
	<input type="checkbox"/>	Other referenced document (This document shall include the identification of the outsourced processes. When the MS documents include it, the corresponded part of MS can be attached. )
	<b>Transfer of Certification</b>	
	<input type="checkbox"/>	Copy of latest management system certificate
	<b>ISO 9001</b>	
	<input type="checkbox"/>	List of products/services applied to the QMS
	<input type="checkbox"/>	List of Ships applied to the QMS (only Ship management organization)
	<b>ISO 14001</b>	
	<input type="checkbox"/>	Documents relating to evaluation of Environment Aspects
	<input type="checkbox"/>	Documents relating to Environmental Management Program(s)
	<input type="checkbox"/>	Documents relating to Legal and other requirements applied
	<b>ISO 45001</b>	
	<input type="checkbox"/>	Documents relating to hazards, occupational health and safety risks and hazardous materials
	<input type="checkbox"/>	Documents relating to OHS management program(s)
	<input type="checkbox"/>	Documents relating to Legal and other requirements applied
	<b>ISO 39001</b>	
	<input type="checkbox"/>	Documents for performance factors, and for risks and opportunities to be addressed
	<input type="checkbox"/>	Documents relating to Road Traffic Safety Management Program(s)
	<input type="checkbox"/>	Documents relating to Legal and other requirements applied
	<b>ISO 50001</b>	
	<input type="checkbox"/>	Documents for energy performance
	<input type="checkbox"/>	Documents relating to energy management program(s)
	<input type="checkbox"/>	Documents relating to Legal and other requirements applied

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**Attachment 3 (For the integrated audit only)**

This sheet is for evaluating the information of integrated level of management systems, and for the confirmation of compliance with the conditions of integrated audit\*.

Please enter the information into the column and submit to the ClassNK together with the application form.

\* Integrated audit: An integrated audit is when an organization has integrated the application of requirements of two or more management systems standards into a single management system and is being audited against more than one standard.

No.	Conditions	Confirmation column for organization
1	The scope of management systems (activities, products or services, organization) is the same.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	The audit cycle of management systems is the same (or the organization agree with to be the same).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	The integrated management system in single system documentation set, including work instructions to a good level of development, has been established.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Management reviews are conducted with considering the overall business strategy and plan (or the organization is being planned to conduct).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Internal audits are conducted according to the integrated approach (or the organization is being planned to conduct).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Activities related policies and objectives are conducted and managed according to the integrated approach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Systems and processes are controlled according to the integrated approach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Improvement mechanisms (risk management, corrective action, measurement and continual Improvement) are controlled according to the integrated approach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Management support and responsibilities are integrated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	As the auditee, the ability to respond to multi-aspect questions from audit teams is ensured.	<input type="checkbox"/> Yes <input type="checkbox"/> No