

APPLICATION FOR PRODUCT CERTIFICATION SCHEME 產品認證計劃申請**1. Company Information 公司資料**

(IN BLOCK LETTER 請以正楷填寫)

Company Name : _____

(Same as that on Business Registration)

公司名稱 : _____

(需與商業登記/營業執照相同)

Branch / Division / Factory: _____

分行/部門/廠房: _____

Company Address : _____

(To be printed on certificate)

Postal Code : _____

公司地址 : _____

(將印於證書之上)

郵編: _____

Correspondence Address : _____

(if different from above)

Postal Code : _____

通訊地址 : _____

(如與上不同)

郵編: _____

Tel 電話 : _____

Fax 傳真 : _____

E-mail 電郵: _____

Website 網址 : _____

2. Certification Audit Pre-requisite 認證審核先決條件

(For Certification Audit Only 只適用於認證審核)

- 3 months record required 需要求三個月內之記錄)

- One complete internal review cycle (management review cycle) 需有一個完整的內部評審週期 (管理評審週期)

a. Quality system implementation date 質量系統執行日期 : _____

b. Internal Audit Status 內部審核狀況 :

 Has been conducted 已經實施 Has not been planned yet 沒有計劃 Has been planned and will be implemented before the Certification Audit 計劃中及將會在認證審核前執行

c. Management Review Status 管理評審狀態

 Has been conducted 已經實施 Has not been planned yet 沒有計劃 Has been planned and will be implemented before the Certification Audit 計劃中及將會在認證審核前執行**3. Current certificate granted by other certification body for the scheme and scope of certification applied? 目前的認證計劃及認證範圍是否有由其他認證機構簽發的證書?** No 否 Yes 是

If yes 如有 : Name of certification body 認證機構名稱 : _____

Certification scheme 認證計劃 : _____

Expiry date 證書有效期 : _____

Reason of seeking transfer 想轉移的原因 : _____

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4. Certification Information 認證資料

Certification Status 認證性質

- Certification Audit 認證審核
 Recertification Audit 覆審
 Transfer Audit 轉移審核
 Conversion Audit 轉換審核
 Extension / Reduction of Scope 擴大/減少範圍

Certification Scheme Applied 申請認證之計劃:

- QSPSC (Quality Scheme for the Production and Supply of Concrete) 混凝土認證
 QS/RS (Quality Scheme for Replacement Sands) 替補砂認證
 QS/SS (Quality Scheme for Standard Sands) 標準砂認證
 PCCS-PFPP - Product Conformity Certification Scheme for Passive Fire Protection Products 防火木門、板間牆
 PCCS-CP - Product Conformity Certification Scheme for Cement Products 水泥產品認證
 PCCS-TA - Product Conformity Certification Scheme for Tile Adhesives 瓷磚黏合劑產品認證
 PCCS-RM - Product Conformity Certification Scheme for Repair Mortars 修葺用砂漿產品認證
 PCCS-CT - Product Conformity Certification Scheme for Ceramic Tiles 瓷磚產品認證
 PCCS-AW - Product Conformity Certification Scheme for Aluminium Windows 鋁窗產品認證
 PCCS-WC - Product Conformity Certification Scheme for Water Closet Suites
 耦合式坐廁套裝(六公升沖水量)產品認證
 QS/MC - Quality Product Certification Scheme for Mechanical Couplers 機械套筒認證
 PCCS-MR - Product Conformity Certification Scheme for Mesh Reinforcements 鋼筋網產品認證
 PCCS-PP - Product Conformity Certification Scheme for Paint Products 漆料產品認證
 Other 其他, Please specify 請指出

Product Description (產品描述) (e.g. product name ,brand, model no. & type, etc 如產品名稱、品牌、型號及種類等)

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Total number of staff 職員總數 :

Number of staff involved in scope of certification 涉及認證範圍的職員人數 :

Number of factory involved in scope of certification 涉及認證範圍的廠房數量 :

Does your factory produce other product not involved in the scope of product certification? 貴廠除所申請的認證範圍的產品外，有否生產其他產品？

Yes 有 / No 沒有

Language Preference 語言選擇 :

English 英語 Cantonese 粵語 Putonghua 普通話
 Other 其他, please specify 請指出 _____

Employment of Consultant 聘用顧問

Yes 有, name of consultant 顧問公司名稱 :

No 沒有

Outsourced Processes (外判工序)

No 沒有 Yes 有, please describe 請說明: _____

Expected date of certification audit 期望認證審核日期 :

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Certification Sites List 認證場地清單

(e.g. office(s), production plants, laboratories, showrooms and warehouse etc. 例如辦公室、生產廠房、實驗室、展廳和倉庫等)

Nature 種類 (e.g. office / factory / warehouse 例如, 辦公室/工廠/倉庫)			
Name 名稱 (if applicable 如適用)			
Address 地址			
Tel no. 電話號碼			
Fax no. 傳真號碼			
Area 面積 (sq.m 平方米)			
Shift 輪班	No. of shift 班數		
	Staff per shift 每班職員數		
Normal Travel Time from Hong Kong (overseas premises only) 從香港出發 正常需時(只適用於海外客戶)	Vehicle/ship/air flight time 車/船/飛行時間		
	Terminus/airport to destination 碼頭/機場至目的地		
Total No. of Staff 職員總數			

Please make photocopy or attach a separate sheet if space is insufficient 如本表不足填寫，請影印本表以做附件

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a. Management Representative 管理代表

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

b. Deputy Management Representative 副管理代表

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

c. Billing Contact 賬目聯絡人

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

d. Contact Person 聯絡人 (for audit arrangement 作審核安排之聯絡)

(English) _____ Tel 電話 : _____ Position 職位 : _____
 (中文) _____ Fax 傳真 : _____ E-mail 電郵 : _____

We enclose herewith the supporting documents to complete our application**現附上申請所須之文件:**

- Photocopy of legal entity documentation (e.g. Certification of Incorporation or Business Registration)
法人證明文件影印本 (例如: 公司或商業註冊登記證書)
- Quality Management System Manual 質量管理體系手冊
- Production Procedure and Work Instruction 生產程序及工作指導書
- Photocopy of valid ISO 9001 Certificate by Certification Body 由認證機構發出的有效 ISO 9001 證書影印本
- Organization Chart of Quality Office and Production Plant 辦公室及廠房之組織架構圖
- Certification Sites List 認證場地清單
- Product Specification and product drawing 產品規格/技術規範及產品圖紙
- Installation Instruction 安裝指引
- Production Schedule 生產時間表
- Application Fee – Cheque should be made payable to “Castco Certification Services Limited”.
申請費用 – 支票抬頭請寫 “Castco Certification Services Limited”
- Transfer Audit 轉移審核, if yes 如是
- Copy of valid certificate issued by other CB
由其他認證機構簽發的有效證書
- All audit reports in the last Certification cycle including the non-conformity/ Observation reports and records of corrective actions
上一個認證週期的所有審核報告(包括不符合項/觀察項報告及相關糾正行動記錄)
- Any complaints and remedial actions 產品投訴個案及糾正行動
任何投訴及相關處理/善後行動

APPLICATION FOR PRODUCT CERTIFICATION SCHEME 產品認證計劃申請

The above applicant recognized that Castco Certification Services Limited (CCSL) provides certification services to the organization whose management structure, responsibilities, procedures, processes and resources for the implementation of management system and production operations are assessed according to the requirements of the Certification Scheme as specified above, and within the CCSL's Terms and Conditions of Services.

As this application together with all the supporting documents are submitted, it is understood that the applicant and CCSL are cordially bound by the Terms and Conditions of Services.

上列申請人，確認佳力高認證服務有限公司 (CCSL) 提供的認證服務，將對其有關管理體系，包括組織架構、各項責任、程序、工序及資源進行審核，以證明該等體系之管理和生產運作皆符合上述的認證標準及 CCSL 的服務細則與條款。當申請人提交申請表格及有關支持文件後，代表申請人及 CCSL 將同時遵守該服務細則與條款。

For and behalf of Authorized Signatory and company Chop 負責人代表簽署及公司蓋章

Signature 簽署 : _____ Title 職位 : _____

Name 姓名 : _____ Date 日期 : _____ (Company Chop 公司蓋章)

FOR CCSL USE ONLY

Quotation No.: _____

Type of Audit:

- Certification Audit Recertification Audit (Document Review needed? Yes/No) Transfer Audit
 Extension of Scope

Certification Scheme: _____

Means of Evaluation Activities adopted:	<input type="checkbox"/> Audit <input type="checkbox"/> Testing <input type="checkbox"/> Inspection
Does CCSL have the experience to certify this type of product, using this normative documents/ certification scheme?	<input type="checkbox"/> Yes. <input type="checkbox"/> No, Justification:
No. of auditor man-day required for certification :	

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Require to employ Technical Expert (T.E.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of T.E.:
Require to outsourcing inspection / testing for certification?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the outsourced service provider:
Information about the client and product sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please further contact the applicant
Omission of certification activities allowed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe:

Conclusion

- Information of Application accepted, file passed to Manager (Audit)
- Contact T.E.:
- Contact outsourced service provider:
- Proposed Audit Team: Lead Auditor:

Auditor(s):

Test/ Inspection Witness:

Technical Expert:

- Application **failed** to accept, reason:
 - CCSL do not have the competence and capability to perform the concerned evaluation activities
 - Not enough information from client
 - Other:
- Remedial actions:
 - Contact the Applicant immediately
 - Other:

Prepared by :		Verified by :	
Date :		Date :	