

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

HEADQUARTERS

282, MESOGEION AVE.,
155 62 CHOLARGOS, GREECE
PHONE : +30 210 6540195, FAX: +30 210 6528025
e-mail: certification@tuvhellas.gr

THESSALONIKI OFFICE

20, LEONTOS SOFOU STR.,
570 01 THERMI, THESSALONIKI, GREECE
PHONE: +30 2310 428498, FAX: +30 2310 428458
e-mail: chsotiriou@tuv-nord.com

CRETE OFFICE

ITE- STEP C, VASILIKA VOUTON,
711 10 HERAKLION, GREECE
PHONE : +30 2810 391856-7, FAX: +30 2810 391858
e-mail: heraklion1@tuvhellas.gr

Thank you for choosing TÜV NORD Hellas services. Please fill in the following information, in order to contact you and prepare the offer for your Company.

I. Company's General Data:

Name: _____
Address: _____ City: _____ P.C.: _____
Phone: _____ GEMH No.: _____
Company e-mail: _____ Applicant e-mail: _____

General Manager:

Management System Manager:

Consultant for Management System:

II. Number of Employees

Total Number of Employees: _____

Number of Employees working in each shift: _____

Number of Shifts: _____

Number of Seasonal Employees: _____

DETAIL

Management / System's Management

Sales / Customer Service

Design / Research and Development

Production / Service Realization

Store / Distribution / Drivers

Other Activities

III. Data for the Management System evaluation and certification:

a. Certification standard:

1. Management Systems

- | | | |
|---|---|---|
| ☐ ISO 9001:2015 | ☐ ISO/IEC 27017:2015 | ☐ ISO 50001:2018 ⁽²⁾ |
| ☐ ISO 10002:2018 | ☐ ISO/IEC 27701:2019 ⁽¹¹⁾ | ☐ ISO 55001:2024 ⁽²⁰⁾ |
| ☐ ISO 13816:2002 | ☐ ISO 29993:2018 ⁽⁹⁾ | ☐ ISO 56001:2024 |
| ☐ ISO 14001:2015 | ☐ ISO 30415:2021 | ☐ ELOT 1429:2008 ⁽³⁾ |
| ☐ ISO 14064-1:2018 ⁽¹⁶⁾ | ☐ ISO 31000:2018 | ☐ ELOT TS 1433:2008 |
| ☐ ISO 14064-2:2019 ⁽¹⁷⁾ | ☐ ISO 37000:2021 | ☐ ELOT 1435:2009 |
| ☐ ISO 14067 ⁽¹⁶⁾ | ☐ ISO 37001:2017 ⁽⁷⁾ | ☐ EMAS III |
| ☐ ISO 17100:2015 | ☐ ISO 37002:2021 | ☐ EU-ETS |
| ☐ ISO 18295-1:2017 | ☐ ISO 37003:2025 | ☐ EU-ETS 2 |
| ☐ ISO 18295-2:2017 | ☐ ISO/TS 37008:2023 | ☐ FSC / PEFC |
| ☐ ISO 19650-2:2018 ⁽¹⁵⁾ | ☐ ISO 37301:2021 ⁽¹⁰⁾ | ☐ SMETA |
| ☐ ISO/IEC 20000-1:2018 / APMG | ☐ ISO 39001:2012 | ☐ Climate National Law, Ar. 19 |
| ☐ ISO 20400:2017 | ☐ ISO 41001:2018 | ☐ Climate National Law, Ar. 20 |
| ☐ ISO 21001:2021 | ☐ ISO/IEC 42001:2023 ⁽¹³⁾ | ☐ GHG Municipality Plans |
| ☐ ISO 21401:2018 | ☐ ISO 44001:2017 | |
| ☐ ISO 22301:2019 | ☐ ISO 45001:2018 ⁽⁸⁾ | |
| ☐ ISO/IEC 27001:2022 ⁽¹¹⁾ | ☐ ISO 46001:2019 | ☐ OTHER..... |

⁽²⁾ In case of choosing ISO 50001 standard, please fill in also the ANNEX B

⁽³⁾ In case of choosing ELOT 1429 standard, please fill in also the ANNEX C

⁽⁷⁾ In case of choosing ISO 37001 standard, please fill in also the ANNEX G

⁽⁸⁾ In case of choosing ISO 45001 standard, please fill in also the ANNEX H

⁽⁹⁾ In case of choosing ISO 29993 standard, please fill in also the ANNEX Ø

⁽¹⁰⁾ In case of choosing ISO 37301 standard, please fill in also the ANNEX I

⁽¹¹⁾ In case of choosing ISO/IEC 27001 or/and ISO/IEC 27701 standard, please fill in also the ANNEX K or/and L

⁽¹³⁾ In case of choosing ISO/IEC 42001:2023 standard, please fill in also the ANNEX N

⁽¹⁵⁾ In case of choosing ISO 19650-2:2018 standard, please fill in also the Form QF(QP-QA-10-01)-02

⁽¹⁶⁾ In case of choosing ISO 14064-1 & ISO 14067 standard, please fill in also the Form QF(PC-04-04)-01, in case of Municipalities the Form QF(PC-04-04)-01 Annex 1 should be filled

⁽¹⁷⁾ In case of choosing ISO 14064-2 standard, please fill in also the Form QF(PC-04-04)-01

⁽²⁰⁾ In case of choosing ISO 55001 standard, please fill in also the ANNEX P

2. Medical Devices / Health

- | | | |
|--|--|---|
| ☐ ISO 9001:2015 | ☐ ELOT EN 15224:2017 ⁽⁶⁾ | ☐ Control of MAR units-Cryopreservation bank control |
| ☐ ISO 13485:2016 ⁽¹⁾ | ☐ M.D 1348-Medical (FEK 32/B/2004, FEK 1197/B/2025) | ☐ OTHER..... |

⁽¹⁾ In case of choosing ISO 13485 standard, please fill in also the ANNEX A

⁽⁶⁾ In case of choosing EN 15224 standard, please fill in also the ANNEX F

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

HEADQUARTERS

282, MESOGEION AVE.,
155 62 CHOLARGOS, GREECE
PHONE : +30 210 6540195, FAX: +30 210 6528025
e-mail: certification@tuvhellas.gr

THESSALONIKI OFFICE

20, LEONTOS SOFOU STR.,
570 01 THERMI, THESSALONIKI, GREECE
PHONE: +30 2310 428498, FAX: +30 2310 428458
e-mail: chsotiriou@tuv-nord.com

CRETE OFFICE

ITE- STEP C, VASILIKA VOUTON,
711 10 HERAKLION, GREECE
PHONE : +30 2810 391856-7, FAX: +30 2810 391858
e-mail: heraklion1@tuvhellas.gr

3. Food / Near Food

☐ ISO 9001:2015	☐ Costco Addendum	☐ IFS ESG CHECK - Carbon Footprint Module
☐ ISO 22000:2018 ⁽⁴⁾	☐ HACCP	☐ IFS Food ⁽⁴⁾
☐ FSSC 22000 ⁽⁴⁾	☐ GLOBALG.A.P. CFM	☐ IFS HPC ⁽¹⁹⁾
☐ ISO 22716:2007 ⁽⁵⁾	☐ GLOBALG.A.P. CFP	☐ IFS Logistics ⁽¹⁴⁾
☐ AH-DLL GROW	☐ GLOBALG.A.P. Chain of custody	☐ Leaf Marque
☐ AGRO 2.1, 2.2, 2.3, 2.4, 2.5	☐ GLOBALG.A.P. Farm Sustainability Assessment (GGFSA)	☐ Nurture
☐ ASC/MSC Chain of Custody ⁽¹⁸⁾	☐ GLOBALG.A.P. GRASP	☐ SPRING
☐ BioDiversity	☐ GLOBALG.A.P. IFA (F&V, Combinable Crops, Aquaculture)	☐ Organic / BIO Products
☐ BRCGS Agents & Brokers ⁽¹⁴⁾	☐ GLOBALG.A.P. PPM	☐ Traceability
☐ BRCGS Food ⁽⁴⁾	☐ IFS Broker ⁽¹⁴⁾	☐ Recycled Plastic Content Certification Scheme % ⁽¹²⁾
☐ BRCGS Packaging ⁽⁴⁾	☐ IFS ESG CHECK	☐ OTHER.....

⁽⁴⁾ In case of choosing **BRCGS Food / IFS Food** protocol or **FSSC 22000 / ISO 22000** standard, please fill in also the **ANNEX D**

⁽⁵⁾ In case of choosing **ISO 22716** standard, please fill in also the **ANNEX E**

⁽¹²⁾ In case of choosing **RECYCLED PLASTIC CONTENT CERTIFICATION SCHEME %** protocol please fill in also the **ANNEX M**

⁽¹⁴⁾ In case of choosing **IFS Logistics, IFS Broker, BRCGS A&B** protocols please fill in also the **ANNEX O**

⁽¹⁸⁾ In case of choosing **ASC/MSC Chain of Custody** protocol please fill in also the **Forms A29F-203e Questionnaire for Proposal & A29F039e**

⁽¹⁹⁾ In case of choosing **IFS HPC** protocol please fill in also the **Form Questionnaire IFS HPC v3**

4. Other Audit / Inspection Services

☐ AA 1000	☐ GDPR Compliance Maturity Level Audit	☐ NIS 2 Compliance
☐ DORA Compliance	☐ GRI - Global Reporting Initiative	☐ EKBA Compliance
☐ Environmental Product Declaration (EPD)	☐ GWO	☐ OTHER.....

b. Scope of Certification (as it will be written on the certificate):

c. Activities/ Processes performed by Subcontractors:

d. Legislation or other regulatory requirements concerning your operation/ products/ services:

e. Factors which may affect the duration and the value of the audit:

Are there any other sites to be audited apart from the company's headquarters (branches, stores, offices, shops, franchising etc.)

☐ Yes

☐ No

If YES, what is the number of these sites? (Please attach a list with the additional sites)

In case your Company is certified by another standard, please mention the Standard and the Certification Body:

I responsibly declare that the Company currently possesses all required legal documents concerning its operation.

Date: _____

Stamp / Signature: _____

Please send this by e-mail to our offices in: ☐ Athens, ☐ Thessaloniki, ☐ Crete

APPLICATION FOR MANAGEMENT SYSTEM CERTIFICATION

HEADQUARTERS

282, MESOGEION AVE.,
155 62 CHOLARGOS, GREECE
PHONE : +30 210 6540195, FAX: +30 210 6528025
e-mail: certification@tuvhellas.gr

THESSALONIKI OFFICE

20, LEONTOS SOFOU STR.,
570 01 THERMI, THESSALONIKI, GREECE
PHONE: +30 2310 428498, FAX: +30 2310 428458
e-mail: chsotiriou@tuv-nord.com

CRETE OFFICE

ITE- STEP C, VASILIKA VOUTON,
711 10 HERAKLION, GREECE
PHONE : +30 2810 391856-7, FAX: +30 2810 391858
e-mail: heraklion1@tuvhellas.gr

ANNEX H – Application for Health and Safety in Working Environment Certification System Inspection according to ISO 45001 standard.

Company: _____

Consultant(s) for Health and Safety issues ¹: _____

Activities performed by Subcontractors

1. Are there any activities performed by Subcontractors in your facility?	Yes ☐	No ☐
If so, please present the activities carried out by Subcontractors		
2. These activities affect the performance of the HSS	Yes ☐	No ☐
3. Subcontractor staff working at your premises		
Full Time	Seasonal	Part Time

Activities performed by your staff beyond your premises

Staff		
Full Time	Seasonal	Part Time

Seasonal processes performed with additional seasonal staff

Seasonal Staff:	Seasonal Processes Duration:
-----------------	------------------------------

Health and Safety Hazards

--

Accidents data

	20..	20...	20...	3 years total
Number of employees²				
Number of accidents³				
Accidents rate⁴				

Date

Name

Signature / Stamp

¹ A Health and Safety in Working Environment Advisor may, for example, be a Safety Engineer, Labor physician, Health and Safety Coordinator or have prepared a relative Risk Assessment, health, and safety reports, or represents the Company for health and safety issues at work, investigates accidents, etc.

² The number of employees includes part-time and full-time employees, employees of external providers, subcontractors as well as in general persons whose work is controlled by the enterprise.

³ Accidents resulting in absenteeism from work for more than three business days as well as fatal accidents.

⁴ Accidents rate = number of accidents / annual number of employees