Name of Certification/Validation & Verification Body:

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| **No.** | **Particulars** | **Yes**  **( √ )** | **No**  **( X )** | **Remark, if any** |
| --- | --- | --- | --- | --- |
| 1. | FM201, duly signed and completed |  |  |  |
| 2. | A controlled copy of the Certification/Validation & Verification Body’s quality manual and documented procedures |  |  |  |
| 3. | Scope of accreditation sought, and sector competence of CB/VVB’s auditors, FM202 attached and appropriately indicated |  |  |  |
| 4. | A completed form FM410 – checklist identifying where the documented system addresses the requirements identified in the checklist |  |  |  |
| 5. | A completed competence analysis for the scope sought. |  |  |  |
| 6. | A copy of memorandum and articles of association or equivalent documentation indicating legal status of CB/VVB |  |  |  |
| 7. | Proof of notification/registration with the scheme owner (where applicable) |  |  |  |
| 8. | A list of acts and regulations relevant for certification/validation & verification |  |  |  |
| 9. | A copy of all information or promotional brochures of CB/VVB, if available |  |  |  |
| 10. | A sample of the certification certificate/ validation & verification report and any related schedules |  |  |  |
| 11. | A picture or diagram of the certification mark and the rules governing its use |  |  |  |
| 12. | A current list of names and addresses of certified organisations / validation and verification reports  (NOTE: For Product Certification, please state their products and associated product standards) |  |  |  |
| 13. | A current list of persons and/or organisations to which Certification Body/ Validation & Verification Body subcontracts work, and a description of the work which is subcontracted, if applicable |  |  |  |
| 14. | A description of any cooperative relationships (eg. Mutual recognition) at national and international level, if applicable |  |  |  |
| The following are to be filled in by Food related Certification Bodies only (i.e, GMP, HACCP & FSMS): | | | | |
| 15. | Auditor’s certificate of MOH Food Safety Training |  |  |  |
| The following are to be filled in by ABMS Certification Bodies only: | | | | |
| 16. | Integrity vetting form |  |  |  |
| 17. | Auditor’s certificate of MACA training |  |  |  |
| The following are to be filled by Product Certification Bodies only: | | | | |
| 18. | A copy of all standards/criteria used for certification |  |  |  |
| 19. | Standards review of standards/criteria used for certification, FM 410-SR |  |  |  |
| 20. | A description of the certification scheme |  |  |  |
| 21. | A current list of laboratories used as part of the product certification system. The list should identify if the laboratory is internal or external, accredited or non-accredited, if applicable the accreditation authority and scope of the laboratory |  |  |  |
| The following are to be filled by Persons Certification Bodies only: | | | | |
| 22. | A copy of all standards/criteria used for certification |  |  |  |
| 23. | Standards review of standards/criteria used for certification, FM 410-SR |  |  |  |
| 24. | A description of the certification scheme |  |  |  |
| 25. | A current list of training centres |  |  |  |

Prepared by Certification Body:

Name:

Date:

|  |
| --- |
| **THIS SECTION IS TO BE COMPLETED BY STANDARDS MALAYSIA** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Particulars** | **Yes**  **( √ )** | **No**  **( X )** | **Remark, if any** |
| 1. | AO to refer to current FM 514 to determine whether Standards Malaysia has the resources and capability to conduct accreditation with respect to the scope / extension of scope applied. |  |  |  |
| 2. | Analysis of Relationship with Related Body,  FM 103 |  |  |  |

**Prepared by Accreditation Officer:**

Proposed Lead assessor to conduct documentation review: ………………………………………

Proposed AO in charge: ……………………………………………………….

Comment:

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Name: ………………………….. Signature: ………………………….. Date:……………

**Approval by Scheme Manager:**

Application is \***approved/not approved**

Comment:

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Signature: ………………………….. Date: ……………

**\*strikethrough if not applicable**