Appendix B - Complex Certification Structure Review Request, Form 204F-1

(Refer to CSOC Guidance for additional information)

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| Certification Body:       | Date:       |
| Request Type: | New [ ]  | Transfer [ ]  |
| Certification Body Contact:       |
| Email:       | Phone:       |
| Client Information |
| Organization Name:       |
| AQMS Standard(s) being assessed for certification (If combined audit, provide percent integration of organizations AQMS (see 9104-001 8.2.3 d)) 9100 [ ]  Percent      9110 [ ]  Percent      9120 [ ]  Percent       |
| Describe method used to determine percentage of integration (e.g. stage one audit, prior audit, etc.)      |
| Certification Structure Methodology: (Applicant to describe complex certification structure by providing graphical descriptions of each sub-structure included in this application. Include appropriate information that shall demonstrate conformance to the eligibility criteria as defined within 9104-001 Appendix B)      |
| Audit Program Audit Duration Calculation (For each year of the 3 year certification cycle provide actual calculation for each sub-structure showing number of employees, audit days from 9104-001 table two, increases with justification, decreases with justification and final total audit days for each sub-structure by site. Where sampling is used (9120 only) provide sampling plan and justification. For 9100 and/or 9110 multiple site structures identify category (as per 9104-001 Table 3)      |
| CB ASD Representative Approving Request:Name:       | Date:       |
| Client Representative Accepting Structure Name:       | Date:       |
| AB Representative (Required for third or subsequent submittal)Name:       | Date:       |
| *Note: For each application element above supporting objective evidence shall be attached detailing the required information. Failure to provide sufficient evidence will result in the return of the request.* |
| CSOC Decision |
| Date :       [ ]  Concur [ ]  Concur with recommendation – CB to confirm recommendations are incorporated prior to proceeding with certification activity. [ ]  Do not concur – CB to resubmit in its entirety [ ]  Request incomplete – please resubmit |
| CSOC Comments/Recommendations/Guidance Included? Yes [ ]  No [ ]  |
| CB Confirmation of implementation of CSOC recommendations |
| CB ASD Representative Confirming Implementation:Name:       | Date:       |
| CB Three Year Re-Submittal |
| There have been no significant changes to organization’s certification structure since last concurrence from the CSOC.  |
| CB ASD Representative Approving Request:Name:       | Date:       |
| Client Representative Accepting Structure Name:       | Date:       |

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