

ISO 22000:2018 Transition audit application

1) Applicant General Information

Company Name	
Address	
the person in charge/ position	
Business phone number	
Mobile number	
Email	
Whether the company is operating on weekends	

2) Transition audit desired date

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3) Please check the current status.

Item	YES	NO
Currently, certification is suspended.		
The certificate has been retracted		
The nonconformity was not completed.		

4) Details of main site and other sites

In the case of the branch office, please fill in when applicable.

Head office address		The number of shift	
		1	
		2	
Certification Scope		3	
Number of shifts		Total	

Branch 1 address		The number of shift	
		1	
		2	

Certification Scope		3	
Number of shifts		Total	

Branch 2 address		The number of shift	
		1	
		2	
Certification Scope		3	
Number of shifts		Total	

5) Remote working details

Working address		The number of shift	
		1	
		2	
Activity type		3	
Number of shifts		Total	

Working address		The number of shift	
		1	
		2	
Activity type		3	
Number of shifts		Total	

6) Whether outsourcing or subcontracting activities

If you have outsourcing or subcontracting activities, please fill out the detailed information.

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7) Please list all products produced within your company

8) No of HACCP Plans

9) Agreement

(We have agreed to pay all the SPEC regulations and costs associated with the certification enrollment process.)



Please sign the CEO.

• Signature :

Date :

• Name :

Position :

※ Fill in this application form and send it by e-mail or fax.

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