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| **ANNEX 4**  **TO APPLICATION FOR VALUATION OF CERTIFICATION COSTS AT PCBC S.A.**  ***After completing the Application by the CUSTOMER - proprietary information***   |  |  | | --- | --- | | **POLISH CENTRE FOR TESTING AND CERTIFICATION**  469 Puławska Street; 02-844 Warsaw  +48 22 464 52 00 / e-mail: [pcbc@pcbc.gov.pl](mailto:pcbc@pcbc.gov.pl) | **MANAGEMENT SYSTEM CERTIFICATION DEPARTMENT**  e-mail: sprzedaz@pcbc.gov.pl | |

**applies to a MULTI-SITES ORGANIZATION**

1. **ORGANIZATION**

|  |  |
| --- | --- |
| Name of the Organization according to the registration document |  |

1. **CHARACTERISTICS OF MULTI-SITES ORGANIZATION**

|  |
| --- |
| 1. Does the Organization have a corporate headquarters where processes/activities carried out in branches are planned, supervised and manager?: YES  NO 2. Are all branches legally or contractually associated with the corporate headquarters and covered by a single (or integrated) management system established, implemented, continually supervised and subject to internal audits by the central function?  YES  NO 3. Is the corporate headquarters authorised to require branches to implement corrective actions/corrections/preventive actions if needed in any of the branches? YES  NO 4. Total number of locations covered by a single (or integrated) management system (including the corporate headquarters): |

1. **LOCATIONS and EXPECTED SCOPE OF CERTIFICATION / RE-CERTIFICATION**

*(provide* ***ALL LOCATIONS*** *with full name of the branch/site/affiliate etc. of location covered by the process – provide scope of certification/re-certification for each of these locations; if it is identical for all locations -provide only 1 time and in other lines provide* ***as above)***

**LOCATION NO: 1 – CORPORATE HEADQUARTERS**

|  |  |
| --- | --- |
| Name and address  *(street / number and post code / city)* |  |
| SCOPE OF CERTIFICATION (pertains to the activities of the location being submitted to the certification process):  Including main processes, i.e., activities (e.g., design, production of products or provision of services to external customers).  Support, support or management processes should not be stated in the scope of certification.  If there are no main processes at a particular location, insert "-" in the certification scope for that location.    ***NOTE:*** *If the scope varies from system to system, please indicate the scope for each standard.* | |

**EMPLOYMENT STRUCTURE** *(provide* ***figures*** *for date of filling out the Application)*

**Personnel working in the area covered by the management system submitted for certification:**

|  |
| --- |
| full-time employees on a full-time basis: |

|  |  |
| --- | --- |
| employed for contract of mandate / contract of task-specific work / contract etc. not included above: | temporary staff / average time per year (in months) not included above: |

|  |
| --- |
| people carrying out similar processes / activities (in all forms of employment): |

**SHIFTS WORK SYSTEM / REPEATABILITY OF PROCESSES CARRIED OUT ON DURING THE SHIFTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We declare that: | | | | |
| Work takes place in the system: | 1- SHIFT  working hours:  I shift (from … to … ) | | 2- SHITF  working hours:  I shift (from … to … )  II shift (from … to … ) | 3-SHIFT  working hours:  I shift (from … to … )  II shift (from … to … )  III shift (from … to … ) |
| Other: | | | |
| Shift processes are repeatable and supervised in the same way on each shift: | YES | NO | If NO, please list important differences: | |

**LOCATION NO:**

|  |  |
| --- | --- |
| Name and address  *(street / number and post code / city)* |  |
| SCOPE OF CERTIFICATION (pertains to the activities of the location being submitted to the certification process):  Including main processes, i.e., activities (e.g., design, production of products or provision of services to external customers).  Support, support or management processes should not be stated in the scope of certification.  If there are no main processes at a particular location, insert "-" in the certification scope for that location.    ***NOTE:*** *If the scope is different for each system, please indicate the scope for each standard.* | |

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**Personnel working in the area covered by the management system submitted for certification:**

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| employees on a full-time basis: |

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| Other: | | | |
| Shift processes are repeatable and supervised in the same way on each shift: | YES | NO | If NO, please list important differences: | |

***Attach additional pages - reproduce page 2 and number the sites consecutively***

**4. APPLICATION REVIEW – TO BY FILLED IN BY THE PCBC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | PCBC | BCO |  |  |  |   No. month year |