**PRIJAVNICA**

*Data Sheet / Certification Order*

**Vratiti / Return to:**

**TMS CEE d.o.o.**

**Rudnička 14**

**SRB 11118 Beograd**

**Telefon/phone: +381 11 244 11 11; 240 01 40**

**e-mail:** [**office@tms.rs**](mailto:office@tms.rs)

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| **PODACI O KLIJENTU:** (naziv, ulica, poštanski broj, mesto, država, direktor, PIB, matični broj, web, e-mail, telefon):  *Company Data (name, street, zip code, city, state, CEO, tax Nr, reg Nr, web, e-mail, phone):* | | | | | | |  | | | | | | |
| **Predmet i područje primene:**  *Scope of application:* | | | | | | |  | | | | | | |
| **Glavni proizvodi i/ili usluge:**  *Main products and/or services:* | | | | | | |  | | | | | | |
| **Proces(i) proizvodnje:**  *Production processes:* | | | | | | |  | | | | | | |
| Branša (EAC Scope - ispunjava TMS CEE doo):  *EA Scope (to be filled out by TMS CEE doo):* | | | | | | |  | | | | | | |
| **Standard za sertifikaciju:**  *Certification standard:* | | | | | | |  | | | | | | |
| **Organizaciona struktura:**  *Organisational structure:* | | | | | | |  | | | | | | |
| **Procesi iz autsorsa:**  *Outsourced processes:* | | | | | | |  | | | | | | |
| **Ukupan broj zaposlenih:**  *Total number of employees:* | | | | | | |  | | | | | | |
| **Broj efektivnih radnika, uzimajući u obzir rad po smenama, gde je primenjivo (uključujući sve lokacije):**  *Effective employee count, taking shift work into account, where appropriate (including all sites as per costing):* | | | | | | |  | | | | | | |
| **Broj zaposlenih u**  *Number of employees active in* | | | | | | |  | | | | | | |
| **Administraciji:**  *Administration:* | | | | | | |  | | | |  | | |
| **Proizvodnji/pružanju usluga:**  *Production/service provision:* | | | | | | |  | | | |  | | |
| **Broj smena/**  **Broj zaposlenih u smenama:**  *Number of shifts/ Number of employees working in shifts:* | | | | | | |  | | | |  | | |
| **Napomene:**  *Comments:* | | | | | | |  | | | | | | |
| **Ostale stalne lokacije sa adresom i brojem zaposlenih (*ukoliko postoje*):**  *Other sites with address and number of employees (if existent):* | | | | | | |  | | | | | | |
| **Predmet i područje primene (ako se razlikuje od glavne lokacije):**  *Scope of application (if it is different than at the main location):*  \*u slučaju većeg broja lokacija navesti za svaku lokaciju ponaosob  *\*in case of several locations, specify for each location separately* | | | | | | |  | | | | | | |
| **Specifični aspekti lokacija (aspekti životne sredine, rizici po zdravlje i bezbednost na radu):**  *Site-specific aspects (environmental aspects, health and safety risks):* | | | | | | |  | | | | | | |
| **Privremene lokacije (na kojima se privremeno i trenutno obavljaju aktivnosti):**  *Temporary locations (where temporary and current activities are performed):* | | | | | | |  | | | | | | |
| **Faktori povećanja/smanjenja broja dana provere/** Factors increasing/reducing the number of auditor days: | | | | | | | | | | | | | |
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| **Uticaj na okolinu:**  *Environmental relevance:* | | | | |  | | | | | | |  | |
| **Značajni aspekti životne sredine:**  *Significant environmental aspects:* | | | | |  | | | | | | |  | |
| **Značajni rizici po bezbednost i zdravlje na radu:**  *Significant risks to safety and health at work:* | | | | |  | | | | | | |  | |
| **Primenljiva zakonska regulative:**  *Applicable legislation:* | | | | |  | | | | | | |  | |
| **Izjava:**Naručili smo i primili konsultantske usluge, a u vezi uspostavljanja našeg sistema menadžmenta. /  ***Confirmation:*** *We have ordered and received consulting services concerning the establishment of our management system.* | | | | | Jesmo/*Yes*    **Kompanija/*Member Company:***  **Konsultant/*Consultant:***  **U skladu sa/*As per:***    **Period / *Period of time:*** | | | | | | | Nismo/*No* | |
| Potvrđujemo tačnost podataka navedenih u ovoj prijavi / zahtevu, i naručujemo kod TMS CEE doo da, na osnovu važećih Opštih pravila sertifikacije sistema menadžmenta izvrši (označite šta je primenjivo):  *We confirm that the data in this quotation is correct and order TMS CEE doo to carry out one of the following activities on the basis of the valid General Certification Regulations for Management Certification:* | | | | | | | | | | | | | |
| sertifikacionu proveru  Certification audit | | | | | | | resertifikacionu proveru  Re-certification audit | | | | | | |
| Željeni termin provere:  Preferred date of the audit: | | | | | | |  | | | | | | |
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| Izjavljujemo da smo u slučaju osvedočenja (witness audit), saglasni da toj proveri prisustvuje predstavnik Akreditacionog tela. Ovo osvedočenje neće proizvesti dodatne troškove.  We hereby declare our consent to delegates of the accreditation body participating in audits in our organization to perform witness audits. No additional costs will be incurred hereby. | | | | | | | | | | | | | |
| Odgovorna osoba za proveru u našoj organizaciji:  *Audit representative in our organization:* | | | | | | Funkcija, telefon:  *Function, telephone:*  Lični podaci se koriste u skladu sa GDPR regulativom i Zakonom o zaštiti podataka o ličnosti  Personal data is used in accordance with GDPR regulations and the Law on Personal Data Protection | | | | | | | |
| Mesto, Datum:  *Place, date:* | | | | | | Pečat klijenta/Potpis:  *Stamp, signature:* | | | | | | | |

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| **Preispitivanje prijavnice / Application review**  ***(popunjava TMS CEE – filled in by TMS CEE)*** | | |
| **Predmet i područje primene sertifikacije (ukoliko ima više lokacija, navesti za svaku ponaosob):**  *Scope of certification (in case of several locations, specify for each location separately)* |  | |
| **TMS CEE je akreditovan za predmet i područje tražene sertifikacije**  *TMS CEE is accredited for**required scope of certification* | DA / YES  NE / NO | *Komentar / Comment:* |
| **EA kod ili**  **Kategorije/podkategorije (\*za FSMS) u predmetu i području primene sertifikacije**  *EA code or*  *Categories/subcategories (\*for FSMS) in scope of certification* |  | *Komentar / Comment:* |
| **Glavne vrste aktivnosti/procesa za proveravane proizvode i/ili usluge**  *Main types of activities/processes for auditing products and/or services* |  | *Komentar / Comment:* |
| **Dostavljene informacije su dovoljne za planiranje provere i uspostavljanje programa provere**  *The information provided is sufficient to plan the audit and establish the audit program* | DA / YES  NE / NO | *Komentar / Comment:* |
| **Rešene su sve poznate razlike u vezi prijave između TMS CEE i klijenta**  *All known differences regarding the application between TMS CEE and the client have been resolved* | DA / YES  NE / NO | *Komentar / Comment:* |
| **TMS CEE ima osoblje i može sa sprovede postupak sertifikacije u razumnom vremenu**  *TMS CEE has staff and can carry out the certification process in a reasonable time* | DA / YES  NE / NO | *Komentar / Comment:* |
| **Drugi specifični zahtevi su ispunjeni** (jezik provere, uslovi bezbednosti, pretnje po nepristrasnost)  *Other specific requirements are met (audit language, security conditions, threats to impartiality)* | DA / YES  NE / NO | *Komentar / Comment:* |
| Zahtev prihvaćen:  (datum, potpis)  *Request accepted:*  *(date, signature)* | DA / YES  NE / NO | NE / NO  *(obavezno navesti razlog - must state the reason)* |