管理体系认证申请书

Application for Management System Certification

申请认证类别: Type of Application for Certification	

申请方全称 Full Name of Applicant：_____

□初次认证 Initial Certification □再认证 Recertification □其他 Others：

声　明
Declaration

本组织在与深圳华阳认证有限公司联系管理体系认证事宜过程中，阅读了相关公开信息（公司网站：http://www.huayangrz.com），了解到：

In the process of contacting Shenzhen Huayang Certification Co., Ltd. for management system certification, our organization has read the relevant public information (company website: http://www.huayangrz.com) and understood the following:

1. 贵公司可开展认证业务的范围。

The scope of certification services that your company can carry out.

2. 作为申请方具有的权利和义务，包括应该遵守的认证要求，以及应为审查所提供的任何信息。

The rights and obligations of the applicant, including the certification requirements to be complied with and any information to be provided for the audit.

3. 接受贵公司的认证收费标准及对申诉、投诉和争议的处理办法。

Accept your company's certification fee standards and the handling methods for appeals, complaints and disputes.

本组织承诺 Our organization undertakes:

1. 在申请时未被执法监管部门责令停业整顿，且未被全国企业信用信息公示系统（http://gsxt.saic.gov.cn）列入“严重违法企业名单”。

It has not been ordered to suspend business for rectification by law enforcement and supervision departments at the time of application, nor has it been included in the "List of Seriously Illegal Enterprises" by the National Enterprise Credit Information Publicity System (http://gsxt.saic.gov.cn).

2. 遵守认证有关的国家法规、规范及贵公司公开文件中的有关规定，按期向机构交纳申请和认证费用。

Comply with relevant national laws, regulations and the relevant provisions in your company's public documents, and pay the application and certification fees to the institution on time.

3. 对申请书的内容及申请和现场审查中所提供的所有信息文件、资料的真实性负责。如有虚假，承担由此影响审查有效性所引发的法律责任。

Be responsible for the authenticity of the content of this application form and all information, documents and materials provided during the application and on-site audit. In case of falsification, we shall bear the legal liability arising from the impact on the effectiveness of the audit.

4. 履行合同规定的相应义务。

Perform the corresponding obligations stipulated in the contract.

申请方代表(签字）：

Representative of Applicant (Signature):

年　　月　　日（公章）

Date (Seal): Year Month Day

1. 申请方基本情况调查表 Questionnaire on Basic Information of Applicant

<table>
<tr><td colspan="2">申请方名称(与营业执照一致)
Name of Applicant (Consistent with Business License)</td><td colspan="4"></td></tr>
<tr><td colspan="2">注册地址(与营业执照一致)
Registered Address (Consistent with Business License)</td><td colspan="4"></td></tr>
<tr><td colspan="2">经营地址 Business Address</td><td colspan="4"></td></tr>
<tr><td colspan="2">组织类型、信用代码及注册资金
Organization Type, Credit Code and Registered Capital</td><td colspan="4"></td></tr>
<tr><td>法人代表
Legal Representative</td><td></td><td>总经理
General Manager</td><td></td><td>总经理电话
Telephone of General Manager</td><td></td></tr>
<tr><td rowspan="2">联系人
Contact Person</td><td colspan="5">姓名 Name： 所在部门 Department： 职务 Position：</td></tr>
<tr><td colspan="5">电话 Telephone： 手机 Mobile Phone: 邮箱 Email：</td></tr>
<tr><td>传 真 Fax</td><td></td><td>邮 编 Postal Code</td><td></td><td>组织网址
Organization Website</td><td></td></tr>
</table>

组织人数 Number of Employees	组织总人数 Total number of personnel in the organization：_____， 体系覆盖人数 Number of people covered by the system_____人， 其中： Including: 1. 固定员工人数 Number of permanent employees：___， 兼职人数 Number of part-time employees：_____ 2. 大量从事相同活动的人数 Number of people engaged in the same activity on a large scale：___， 从事相同活动的类型 Type of the same activity：___ 3. 是否季节性生产 Seasonal production：☐否 No，☐是 Yes， 主要生产季节 Main production season：____， 生产现场最多人数 Maximum number of people at the production site：____ 4. 长期在组织场所外提供服务的人员数 Number of personnel providing long-term services outside the organization's premises :_____人，从事的活动 Activities engaged in：_____； 5. 组织场所内，在组织控制下或受组织影响下，来自承包商/分包方的工作人员数 At the organization's premises, number of staff from contractors/subcontractors under the organization's control or influence：____，涉及的过程和活动 Involved processes and activities：__	语言 Language: ☐汉语 Chinese ☐其他 Others: ____
组织倒班情况 Shift Work Situation of the Organization	☐无 No ☐有 Yes，倒班数 Number of shifts: _____； 倒班人数 Number of shift workers: _____； 非倒班人数 Number of non-shift workers: _____	
工作时间（管理人员） Working Hours (Management Staff)	上午 Morning: 下午 Afternoon:	

管理体系运行时间 （管理体系有效运行不少于 3 个月，工程建设施工企业质量管理体系有效运行不少于 6 个月） Operation Time of Management System (The management system shall be effectively operated for not less than 3 months; the quality management system of engineering construction enterprises shall be effectively operated for not less than 6 months)	☐不少于 3 个月 Not less than 3 months ☐不少于 6 个月 Not less than 6 months 体系开始运行时间 Start-up time of the system:
内审实施时间 Implementation Time of Internal Audit:	管理评审实施时间 Implementation Time of Management Review：
生产/服务过程外包情况 Outsourcing Situation of Production/Service Processes	1、生产线情况 Production line situation：共　　条生产线 Total production lines； ☐有 Yes，相同生产线数量 Number of identical production lines：_____个，涉及人数 Number of involved personnel：_____。 2、外包过程 Outsourcing processes：☐无 NO；☐有 Yes，外包过程为 Outsourcing processes：
如有与总部不在同一地点的常设场所（如分公司/分厂/连锁店、销售网点、服务网点等） If there are permanent premises located in different places from the headquarters (such as branch offices/factories/chain stores, sales outlets, service outlets, etc.)	请填写《组织常设多场所清单》 Please fill in the "List of Permanent Multi-location Premises of the Organization"
如有临时现场（包括服务类项目、工程施工类项目） If there are temporary sites (including service projects, engineering construction projects)	请填写《组织临时多场所清单》 Please fill in the "List of Temporary Multi-location Premises of the Organization"

希望现场审核时间 Desired On-site Audit Time		季节性产品生产季节 Production Season of Seasonal	
是否取得过其他认证机构颁发的管理体系认证证书 Have you obtained any management system certification certificates issued by other certification bodies?	☐否 No ☐是 Yes，认证机构名称 Name of Certification Body： 认证领域 Certification Field：☐QMS ☐EMS ☐OHSMS ☐MDQMS；证书到期日期 Certificate Expiry Date： 证书状态 Certificate Status：☐有效 Valid ☐暂停 Suspended ☐撤销 Revoked 如果证书已被暂停或撤销，请说明被暂停或撤销的时间和原因 If the certificate has been suspended or revoked, please explain the time and reason		
组织管理体系建立及运行情况 Establishment and Operation of the Organization's Management System	☑一套整合的文件，适宜时，包括适度融合的作业文件 A set of integrated documents, including appropriately integrated operational documents when applicable； ☐管理评审采用了一体化方法 An integrated approach is adopted for management review； ☐对内部审核采用了一体化方法；An integrated approach is adopted for internal audit ☐对方针和目标采用一体化方法 An integrated approach is adopted for policies and objectives；☐对体系过程采用一体化的方法；An integrated approach is adopted for system processes ☐对改进机制（纠正和纠正措施、测量和持续改进）采用一体化方法；An integrated approach is adopted for improvement mechanisms (correction and corrective actions, measurement and continuous improvement); ☐有一体化的管理支持和管理职责 There is integrated management support and management responsibility.		

在申请认证前 12 个月内是否发生过质量、环境、职业健康安全事故或受到过政府处罚 Have there been any quality, environmental, occupational health and safety accidents or government penalties within 12 months prior to the application for certification?	☑否 No ☐是，请简述有关情况：Yes; Please briefly describe the relevant situation
是否多个组织同时申请认证 Are multiple organizations applying for certification simultaneously?	☑否 No ☐是，具体是(组织名称和地址)：Yes; Specific details (Organization name and address) _____
在此之前两年内向申请方提供管理体系咨询的机构或人员 Institutions or personnel that have provided management system consulting services to the applicant within the past two years	

2. 本次申请认证范围 Scope of Application for Certification This Time

认证领域 Certification Field	认证依据 Certification Basis	认证类型 Certification Type	序号 NO.
☐质量管理体系 Quality Management System	GB/T 19001-2016 /ISO 9001:2015	☐初次认证 Initial Certification ☐再认证 Recertification	1.

☐工程建设施工企业质量管理体系 Quality Management System for Engineering Construction Enterprises	GB/T 19001-2016 /ISO 9001:2015、GB/T 50430-2017	☐初次认证 Initial Certification ☐再认证 Recertification	2.
☐环境管理体系 Environmental Management System	GB/T 24001-2016/ISO 14001:2015	☐初次认证 Initial Certification ☐再认证 Recertification	3.
☐职业健康安全管理体系 Occupational Health and Safety Management System	GB/T 45001-2020/ISO 45001:2018	☐初次认证 Initial Certification ☐再认证 Recertification	4.
☐企业诚信管理体系 Enterprise Integrity Management System	GB/T 31950-2023	☐初次认证 Initial Certification ☐再认证 Recertification	5.
☐社会责任管理体系 Social Responsibility Management System	GB/T 39604-2020	☐初次认证 Initial Certification ☐再认证 Recertification	6.
☐业务连续性管理体系 Business Continuity Management System	GB/T 30146-2023/ISO 22301:2019	☐初次认证 Initial Certification ☐再认证 Recertification	7.
☐合规管理体系 Compliance Management System	GB/T 35770-2022/ISO 37301:2021	☐初次认证 Initial Certification ☐再认证 Recertification	8.
☐供应链安全管理体系 Supply Chain Security Management System	ISO 28000:2022	☐初次认证 Initial Certification ☐再认证 Recertification	9.
☐反贿赂管理体系 Anti-bribery Management System	ISO 37001:2025	☐初次认证 Initial Certification ☐再认证 Recertification	10.
☐医疗器械质量管理体系 Medical Device Quality Management System	GB/T 42061-2022/ISO 13485:2016	☐初次认证 Initial Certification ☐再认证 Recertification	11.
☐保安服务管理体系 Security Service Management System	GB/T 42765-2023	☐初次认证 Initial Certification ☐再认证 Recertification	12.

□保密管理体系 Confidentiality Management System	CTS HYMSMS-2024	□初次认证 Initial Certification □再认证 Recertification	13.
□健康、安全与环境管理体系 Health, Safety and Environmental Management System	Q/SY 1002.1-2013、SY/T 6276-2014	□初次认证 Initial Certification □再认证 Recertification	14.
□资产管理体系 Asset Management System	GB/T 33173-2016/ISO 55001:2014	□初次认证 Initial Certification □再认证 Recertification	15.
□设施管理体系认证 Facility Management System Certification	GB/T 43426-2023/ISO 41001:2018	□初次认证 Initial Certification □再认证 Recertification	16.

拟申请的各管理体系覆盖范围（不能超出营业执照和行政许可要求）Proposed scope of coverage for each management system applied for (shall not exceed the requirements of the business license and administrative licensing)：

_____

（注：最终注册的认证范围以现场审核最终确认的为准。）(Note: The final registered certification scope shall be subject to the final confirmation of the on-site audit.)

3. 申请方需提供的材料 Materials to be Provided by the Applicant

3.1 基本资料 Basic Materials

1）申请方法律地位证明文件（如：企业法人营业执照、事业单位法人代码证书、社团法人登记证等），适用时，若管理体系覆盖多场所活动，应附每个场所的法律地位证明文件；

Documents proving the legal status of the applicant (such as: enterprise legal person business license, institutional legal person code certificate, social organization legal person registration certificate, etc.); if applicable, if the management system covers multi-location activities, the legal status certification documents of each location shall be attached;

2）申请方管理体系覆盖的活动所涉及的法律法规要求的行政许可证明、资质证书、强制性认证证书等的复印件；

Copies of administrative licensing certificates, qualification certificates, mandatory certification certificates, etc. required by the laws and regulations involved in the activities covered by the applicant's management system;

3）现行有效的体系文件，如：管理手册、程序文件等或者标准中要求的形成文件的

信息，如：方针、目标、范围、组织结构和职责、工艺流程图及其有关的过程文件；

Currently effective system documents, such as: management manual, procedure documents, etc., or documented information required by the standard, such as: policies, objectives, scope, organizational structure and responsibilities, process flow charts and related process documents;

4）适用时，提交《组织常设多场所清单》、《组织临时多场所清单》。

If applicable, submit the "List of Permanent Multi-location Premises of the Organization" and the "List of Temporary Multi-location Premises of the Organization".

3.2 环境管理体系还需提供以下资料 Additional Materials Required for Environmental Management System:

1）生产/服务的流程、班次及轮班情况和季节性信息，所识别的重要环境因素信息以及任何适用的环境法规中的有关的法律义务；

Production/service processes, shift work and rotation situation and seasonal information, identified important environmental factor information and any relevant legal obligations in applicable environmental laws and regulations;

2）组织地理位置图、平面示意图、主要污染物分布图（适用时）；

Organizational geographical location map, floor plan, and distribution map of major pollutants (if applicable);

3）排污许可证（适用时）；

Pollution discharge license (if applicable);

4）环评报告书/报告表/登记表/环评批复、备案证明、“三同时”竣工验收报告（适用时）；

Environmental impact assessment report/report form/registration form/environmental impact assessment approval, filing certificate, and "three simultaneous" completion acceptance report (if applicable);

5）守法证明或自我声明（适用时）；

Compliance certificate or self-declaration (if applicable);

6）年度环境监测报告（适用时）；

Annual environmental monitoring report (if applicable);

7）一年内所发生的突发环境事件、与环境相关的行政处罚以及整改情况（适用时）。

Sudden environmental incidents, environmental-related administrative penalties and rectification situations that occurred within one year (if applicable).

3.3 职业健康安全管理体系还需提供以下资料Additional Materials Required for Occupational

Health and Safety Management System:

1）生产/服务的流程、班次及轮班情况和季节性信息，所识别的主要危险源和 OH&S 风险，所使用的主要危险材料以及任何适用的 OH&S 法规中有关的法律义务；

Production/service processes, shift work and rotation situation and seasonal information, identified major hazards and OH&S risks, main hazardous materials used, and any relevant legal obligations in applicable OH&S laws and regulations;

2）组织场所内外的工作人员（负有 OHS 法律责任的管理者、涉及重大危险源的岗位人员、员工代表、从事与预防 OHS 风险相关活动的管理人员和员工、承包方的管理者和员工）详细信息；

Detailed information of staff inside and outside the organization's premises (managers with OH&S legal responsibilities, post personnel involved in major hazards, employee representatives, managers and employees engaged in activities related to the prevention of OH&S risks, managers and employees of contractors);

3）组织场地布局图（标明危险部位）、有毒有害岗位分布情况（适用时）；

Organizational site layout map (indicating hazardous locations), distribution of toxic and harmful posts (if applicable);

4）安全生产许可证、安全评价/职业卫生批复、“三同时”竣工验收报告（适用时）；

Work safety license, safety evaluation/occupational health approval, and "three simultaneous" completion acceptance report (if applicable);

5）消防验收报告、年度有害物质作业场所监测报告（适用时）；

Fire acceptance report, annual monitoring report of harmful substance operation sites (if applicable);

6）一年内所发生的生产安全事故、职业病情况及与 OH&S 相关的行政处罚以及整改情况（适用时）。

Work safety accidents, occupational diseases, and OH&S-related administrative penalties and rectification situations that occurred within one year (if applicable).

3.4 医疗器械质量管理体系还需提供以下资料 Additional Materials Required for Medical Device Quality Management System:

1）本公司医疗器械产品描述 Description of the applicant's medical device products：

2）医疗器械分类 Classification of medical devices：

☐无源医疗器械（☐植入 ☐非植入） ☐有源（非植入式）医疗器械 ☐有源植入式医疗器械 ☐体外诊断医疗器械

☐ Passive medical devices (☐ Implantable☐ Non-implantable) ☐ Active

(non-implantable) medical devices ☐ Active implantable medical devices ☐ In vitro diagnostic medical devices

3）灭菌过程 Sterilization process：

产品实现过程是否有灭菌过程：☐否 ☐是，如回答是请回答下述问题（灭菌的方法）：

Is there a sterilization process in the product realization process? ☐ No ☐ Yes; if yes, please answer the following questions (sterilization method):

- 环氧乙烷气体灭菌(EOG) ☐是 ☐否；
- Ethylene Oxide Gas Sterilization (EOG) □ Yes □ No;
- 湿热灭菌 ☐是 ☐否；
- Moist Heat Sterilization □ Yes □ No;
- 无菌加工 ☐是☐否；
- Aseptic Processing □ Yes □ No;
- 辐射灭菌（例如，γ射线、X射线、电子束） ☐是 ☐否；
- Radiation Sterilization (e.g., gamma rays, X-rays, electron beams) □ Yes □ No;
- 低温蒸汽和甲醛灭菌 ☐是 ☐否；
- Low-temperature Steam and Formaldehyde Sterilization □ Yes □ No;
- 干热热灭菌 ☐是 ☐否；
- Dry Heat Sterilization □ Yes □ No;
- 用过氧化氢灭菌 ☐是 ☐否；
- Hydrogen Peroxide Sterilization □ Yes □ No;
- 上述以外的灭菌方法：_____
- Other sterilization methods not mentioned above: _____

注：如回答否，请确定客户处 ☐是 ☐否 需要灭菌，如果客户处需要灭菌，请按照上表填写灭菌的方法。

Note: If the answer is no, please confirm whether sterilization is required at the customer's site ☐ Yes ☐ No; if sterilization is required at the customer's site, please fill in the sterilization method according to the above table.

4）按照 IAF MD9A1.7 表确定零件和服务的技术领域：零件或服务（☐原材料；☐零件；☐子组件/分组件；☐校准服务；☐分销服务；☐维护服务；☐运输服务；☐其他服务）

Determine the technical field of parts and services in accordance with IAF MD9A1.7 table: Parts or services (☐ Raw materials; ☐ Parts; ☐ Subassemblies/components; ☐ Calibration services; ☐ Distribution services; ☐ Maintenance services; ☐ Transportation services; ☐

Other services)

5）该产品的特性（以确定审核组所需的知识和技能）

Characteristics of the product (to determine the knowledge and skills required by the audit team)

- 是接近成品和组装的医疗器械吗？（旨在用于医疗目的，仅需要包装和/或标签）□是 □否
- Is it a medical device close to finished products and assembly? (Intended for medical purposes, only requiring packaging and/or labeling) □ Yes □ No
- 该产品是否旨在成为医疗设备的组件/部分？□是 □否
- Is the product intended to be a component/part of a medical device? □ Yes □ No
- 该组织是否签订合同来开展受医疗器械法规监管的任何活动（例如，其他医疗器械的重新贴标、再制造？）□是 □否
- Has the organization signed a contract to carry out any activities regulated by medical device regulations (e.g., relabeling, remanufacturing of other medical devices)? □ Yes □ No
- 提供的产品是否无菌？□是 □否
- Is the product provided sterile? □ Yes □ No
- 产品是否包含客户组织或供应商开发的软件？ □是 □否
- Does the product contain software developed by the customer organization or supplier? □ Yes □ No
- “设计和开发”是否属于 ISO 13485 认证的范围（例如，当公法允许排除设计和开发时，低风险医疗器械经常出现这种情况）？□是 □否
- Is "design and development" within the scope of ISO 13485 certification (e.g., this often occurs for low-risk medical devices when public law allows the exclusion of design and development)? □ Yes □ No
- 产品（原材料、零件、子组件/分组件、维护服务或其他服务）是否旨在支持相关医疗设备？□是 □否
- Is the product (raw materials, parts, subassemblies/components, maintenance services or other services) intended to support relevant medical devices? □ Yes □ No

备注：以上任何问题的回答为“是”，则审核组需具备 IAF MD9A1.1-A1.6 中的相关技术领域的能力和表 B.2 中的“零件和服务”审核员要求。如果对所有问题的回答均为“否”，则审核组仅需满足 IAF MD9 表 B.2 中的“零件和服务”审核员要求。

Note: If the answer to any of the above questions is "Yes", the audit team shall have the competence in the relevant technical fields specified in IAF MD9A1.1-A1.6 and the "parts and

services" auditor requirements specified in Table B.2. If the answer to all questions is "No", the audit team only needs to meet the "parts and services" auditor requirements specified in Table B.2 of IAF MD9.

6）产品实现过程信息 Information on product realization processes

- 申请该产品的流程图（可另行附页）：
- Flow chart of the product applied for (can be attached separately):
- 申请该产品的关键过程、需确认过程：
- Key processes and processes requiring confirmation for the product applied for:
- 外包过程：
- Outsourcing processes:
- 法律法规：
- Laws and regulations:

3.5 业务连续性管理体系还需提供以下资料 Additional Materials Required for Business Continuity Management System:

1）业务影响分析（BIA）；

Business Impact Analysis (BIA);

2）风险评估报告（BRA）；

Business Risk Assessment (BRA);

3）业务连续性计划清单(BCP)；

List of Business Continuity Plans (BCP);

4）适用的法律法规的标准的清单；

List of applicable laws, regulations and standards;

5）保密和敏感信息声明表。

Confidentiality and sensitive information declaration form.

附表 1 申请方开票信息登记表 Appendix 1 Registration Form for Invoice Information of Applicant

开票单位全称 Full Name of Invoicing Unit	
税　号 Tax Identification Number	
开户行 Bank of Deposit	
账　号 Account Number	
地　址 Address	
电　话 Telephone	
开票项目名称 Name of Invoicing Item	认证费 Certification Fee
开票类型 Type of Invoice	☐ 增值税专用发票（**如选择该项则需参考备注**）Special VAT Invoice (please refer to the remarks if this item is selected) ☐ 增值税普通发票 Ordinary VAT Invoice
备　注 Remarks	**如选择增值税专用发票，则需要同时提供企业税务登记证副本复印件，且该复印件上须有一般纳税人印章；** **如没有该印章，则需要提供税务局关于一般纳税人认定的证明文件。** If a special VAT invoice is selected, a copy of the enterprise's tax registration certificate shall be provided simultaneously, and the copy shall be stamped with the general taxpayer seal; if there is no such seal, a certificate of general taxpayer recognition issued by the tax bureau shall be provided.

组织常设多场所清单

List of Permanent Multi-location Premises of the Organization

组织名称（盖章）Name of Organization (Seal)：

审核领域 Audit Field：☐QMS（☐GB/T19001 ☐GB/T50430） ☐EMS ☐OHSMS ☐HSPM ☐其他 Others_____

审核类型 Audit Type：☐初审 Initial Audit ☐第_____次监督审核 th Surveillance Audit ☐再认证 Recertification ☐补充审核 Supplementary Audit

填表日期 Date of Filling：

序号 NO.	常设场所名称 Name of Permanent Premise	地址 Address	距总部距离 Distance from Headquarters	工作人员数量 Number of Staff	租赁合同期（起、止日期）Lease Contract Period (Start and End Dates)	产品/服务及活动范围 Scope of Products/Services and Activities	备注 Remarks

填表说明 Instructions for Filling:

1．具有与总部不在同一地点的常设场所（如分公司/分厂/连锁店、销售网点、服务网点等）的组织填写此表。如申请书中已经填写清楚，此表可不用再填。

This form shall be filled in by organizations with permanent premises located in different places from the headquarters (such as branch offices/factories/chain stores, sales outlets, service outlets, etc.). If it has been clearly filled in the application form, this form does not need to be filled in again.

2．多个常设场所应覆盖组织申请的审核范围。

Multiple permanent premises shall cover the audit scope applied for by the organization.

3．组织应如实填写本表，本机构一旦确认漏报项目影响审核有效性时，将保留补充审核、暂停或撤销认证证书等措施的权利。

The organization shall fill in this form truthfully. Once the institution confirms that omissions affect the effectiveness of the audit, it reserves the right to take measures such as supplementary audit, suspension or revocation of the certification certificate.

组织临时多场所清单 1 （服务类项目）

List of Temporary Multi-location Premises of the Organization 1 (Service Projects)

组织名称（盖章）Name of Organization (Seal)：

审核领域 Audit Field：☐QMS（☐GB/T19001 ☐GB/T50430） ☐EMS ☐OHSMS ☐HSPM ☐其他 Others_____

审核类型 Audit Type：☐初审 Initial Audit ☐第_____次监督审核 th Surveillance Audit ☐再认证 Recertification ☐补充审核 Supplementary Audit

填表日期 Date of Filling：

序号 NO.	临时场所项目名称 Name of Temporary Premise Project	地址 Address	距总部距离 Distance from Headquarters	工作人员数量 Number of Staff	合同工期（起、止日期）Contract Duration (Start and End Dates)	产品/服务及活动范围 Scope of Products/Services and Activities	备注 Remarks

填表说明 Instructions for Filling：

1. 具有服务类项目临时现场（如物业服务项目、保洁服务项目、运维服务项目等）的组织填写此表。

This form shall be filled in by organizations with temporary service project sites (such as property service projects, cleaning service projects, operation and maintenance service projects, etc.).

2. 填写正在实施服务的全部临时多场所，且服务项目应覆盖组织申请的审核范围。

Fill in all temporary multi-location premises where services are being implemented, and the service projects shall cover the audit scope applied for by the organization.

3. 组织应如实填写本表，本机构一旦确认漏报项目影响审核有效性时，将保留补充审核、暂停或撤销认证证书等措施的权利。

The organization shall fill in this form truthfully. Once the institution confirms that omissions affect the effectiveness of the audit, it reserves the right to take measures such as supplementary audit, suspension or revocation of the certification certificate.

组织临时多场所清单 2 （工程施工类项目）

List of Temporary Multi-location Premises of the Organization 2 (Engineering Construction Projects)

组织名称（盖章）Name of Organization (Seal)：

审核领域 Audit Field：☐QMS（☐GB/T19001 ☐GB/T50430） ☐EMS ☐OHSMS ☐HSPM ☐其他 Others_____

审核类型 Audit Type：☐初审 Initial Audi ☐第_____次监督审核 th Surveillance Audi ☐再认证 Recertification ☐补充审核 Supplementary Audit

填表日期 Date of Filling：

序号 NO.	临时场所项目名称 Name of Temporary Premise Project	地址 Address	距总部距离 Distance from Headquarters	工作人员数量 Number of Staff	合同工期（起、止日期）Contract Duration (Start and End Dates)	产品/服务及活动范围 Scope of Products/Services and Activities	备注 Remarks

填表说明 Instructions for Filling：

1. 具有服务类项目临时现场（如物业服务项目、保洁服务项目、运维服务项目等）的组织填写此表。

This form shall be filled in by organizations with temporary service project sites (such as property service projects, cleaning service projects, operation and maintenance service projects, etc.).

2. 填写正在实施服务的全部临时多场所，且服务项目应覆盖组织申请的审核范围。

Fill in all temporary multi-location premises where services are being implemented, and the service projects shall cover the audit scope applied for by the organization.

3. 组织应如实填写本表，本机构一旦确认漏报项目影响审核有效性时，将保留补充审核、暂停或撤销认证证书等措施的权利。

The organization shall fill in this form truthfully. Once the institution confirms that omissions affect the effectiveness of the audit, it reserves the right to take measures such as supplementary audit, suspension or revocation of the certification certificate.