Inspection Application Form

Application No.: IN520/ / Application Date: / /

To be filled by the applicant

|  |  |
| --- | --- |
| Company name |  |
| Address  |  |
| Contact person  |  |
| Telephone  |  |
| Fax  |  |
| E-mail  |  |
| Please check the scope of inspection services required: |
| Lifting Tackles CranesForkliftsMobile Elevating Work Platforms (MEWPs)Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Place of inspection |  |
| Relevant document attached |  |
| Remarks |  |

**Terms & conditions**

- The following inspection requirements need to be provided by the Applicant for inspection of Cranes and Lifting Tackles (~~weights~~, personnel lifting equipment…etc).

- The applicant is committed to provide access to the assessors of the accreditation body to view supplier’s information for accreditation purposes of CAC.

- Inspectors are authorized and obligated to decline work if they determine that the conditions are unsafe and present an immediate risk to their safety or the safety of others.

- If any findings or remarks from the inspection are not resolved within one month of the inspection date, a report and invoice will be issued. Issuing a certificate or conducting any follow-up inspection after this period will result in an additional invoice with the same amount agreed upon.

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Do you have any existing relationships with the Royal Scientific Society can be based on ownership, governance, management, personnel, shared resources, finance, contracts, marketing (including branding), and payment of a sales commission or other inducement for the referral of new client, etc?

Yes No

If Yes; please specify the type of relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had previous business relationships with the Royal Scientific Society regarding the product(s) you wish to certify(for example testing, inspection, certification, design, etc)?

Yes No

If yes; please fill in the table below:

|  |  |
| --- | --- |
| Type of business  |  |
| The RSS centre(s) / department(s) which provided the service  |  |
| The year of service provision  |  |

|  |
| --- |
| I; the undersigned declare that I’m the authorized person, on behalf of the applicant company, to fill out and sign this application, and that all information I provided are correct. |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

(Please do not write below this line) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

(To be filled by CAC personnel)

**Does one or more of the following roots of bias exist?**

* Self-Interest  Yes  No
* Self- review  Yes  No
* Advocacy  Yes  No
* Over familiarity  Yes  No
* Intimidation  Yes  No
* Competition  Yes  No

**Decision on Application:** (No root of bias shall exist in order to be approved)

**Approved Not Approved**

If not approved, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Application Reviewed and Approved By:** (Technical Manager)

|  |  |
| --- | --- |
|  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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