

# PRODUCT CERTIFICATION GUIDELINES

DOC: GSA-PCM-GL7.2-01 ISSUE: 02.2 15 MARCH 2021

#### GUIDANCE FOR COMPLETION OF THE APPLICATION FORM

#### 1. PURPOSE

To provide guidelines for filling the application form (GSA- PCM-OP7.2-01-FM-01).

#### 2. SCOPE

This covers application to use the Standard Mark of the Product Certification Scheme.

#### 3. RESPONSIBILITIES

3.1 Head, Product Certification – Ensures that applications received for the operation of the Product Certification Scheme are completed fully.

#### 4. GUIDELINES

4.1The completion of application form

### 4.1.1 Name of Company:

Give the name of your company as indicated on the Certificate of Registration or Incorporation from the Registrar-General's Department.

### 4.1.2 Postal Address:

Give the postal address of your company. If you do not have any, make sure you subscribe for one or use a "care of", i.e., " $^{\text{cc}}$ / $_{\text{o}}$ ".

<u>Email:</u>	 	• • • • • • • • • • • • • • • • • • • •	 
Tel:	 • • • • • • • •	Fax:	 •

Give a valid email address. Give only telephone or mobile numbers by which you can be easily reached. Give your fax number if you have any.

# 4.1.3 <u>Location of the Factory (State exact Location, District and Region):</u>

Give the precise description of the location of your factory, stating landmarks which can help in finding it.

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### 4.1.4. Products in respect of which Licence is being applied for and other certification:

### **Product Name (Technological Name and Brand Name)**

State the Standard name or Technological name of the goods you manufacture or intend to manufacture. State the fancy name given to the product also.

### **Starting Raw Materials**

List the raw materials you use for manufacturing the product(s).

### **Source of Raw Materials**

State the source(s) of supply of the raw materials. If purchased from the open market, state that.

State the source(s) of supply of the faw materials. If purchased from the open market, state that.
4.1.5 Manufacturing Process employed in the manufacture of goods:
Simply show the manufacturing or production process using arrows or provide a flow diagram to show it.
a) Are there Quality Control units incorporated in your Process? Yes / No
If you have established Quality Control units at specific stages in your process, then tick "Yes", else tick "No".
b) If Yes, mention grades of officers in charge of the Quality Control stages
i
If you assigned specific officers to the various Quality Control stages in your process, then give their grades, i.e., their qualifications.

- ii. Attach the following documents: (Tick Yes or No as appropriate)
  - Copy of Business Registration Licence (certificate of registration, certificate of incorporation, the mandate of the applicant's business and the particulars of the directors) attached: Yes No

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Add a copy of your Business Registration Licence obtained from the Registrar Generals Department; this includes the certificate of registration, certificate of incorporation, the mandate of the business and the particulars of the directors.

## • Copy of Product Quality Manual(s)/Quality Plan(s) in the GSA PCM format attached: Yes No

Add a copy of your Product Quality Manual prepared in accordance with the GSA PCM Guidance Document (*Guidance for applicant enquiring about product certification*).

# If No, in response to 5a, explain the absence of Quality Control units in your process.

If you do not have Quality Control units in your process, give reasons why you do not have them. If you have the intention of setting these up later, state that.

### 4.1.6. Standards to which goods conform:

### Product.....

Give the name of the product(s) you wish to have certified.

### Standard Number.....

Indicate the reference number of the Product Standard e.g.GS 741: 2017

### Standard Title.....

This is the title of the standard stated on the front cover of the Product Standard e.g. "Cocoa and Cocoa Products - Specification for Chocolate".

### 4.1.7. <u>Production Figures for the said Goods and Staff Strength:</u>

Year	Production	Unit
Current year from January to December (as estimated)		
estimated)		

You are to estimate the number of products you would produce in a year, using the current year as indicated. This is to give a projection of what you would produce in a year. You simply estimate this by setting values for the number of products you would manufacture in a day, the number of days in a week you would produce. Consider a unit as each unit of production in a

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bulk package such as a box, can, bag, stating the number of the products in each box, can, bag, container.

Number of Number of Bulk Number of Number of Products Packages Products Days You

Manufactured = Manufactured X In A Bulk X Produce X 52

In A Year In A Day Package In A Week

You would get a figure. You can round this figure up or use this figure to estimate a figure which is more appropriate for your facility.

### **Staff Strength**

Area	Staff Strength
Production	
Quality Control/or Equivalent	
Other	
Total	

Indicate the number of staff employed by the establishment in the various areas- Production, Quality Control, Other Areas (where applicable) and the sum of all staff as the total.

#### 8. Other Certification/ Programmes in Place

### a. HACCP Programme

#### i. HACCP programme in place: (Yes/No)

Circle "Yes" if you have HACCP programme established; or circle "No" if you do not have such a programme.

### ii. Number of HACCP Studies Applicable:....

Each food product standard against which certification is being sought demands a HACCP study; thus state the number of food product standards against which certification is being applied for.

#### b. Certified Management System

### i. Certified Management System (Quality/Safety) in place: : (Yes/No)

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Circle "Yes" if you h have such a programm	_	ement system establis	hed; or circle "No" if you do not
ii. Type of Manag	ement System Certif	fication in place:	<u>.</u>
State any form of ma ISO 22000, ISO 9001		tification attained, in	relation to quality and safety e.g
4.1.9 Particulars of	f all Directors / Partr	ners:	<u></u>
If you have directors	or partners in your or	ganization, you list the	em here.
(Signature of Applic	<u>cant)</u>	••••••	······································
110	for the company show	_	not be the Managing Director of
(Name of Applicant	<u>)</u>	······	
The applicant writes	his / her name here.		
(Designation)		<u></u>	
This is the position of	f the officer, e.g., Mar	naging Director, Direc	tor, General Manager, Manager.
For and on Behalf o (Name of Firm)	<u>f</u>	<u></u>	······································
Write the registered r	name of the company	here.	
DECLADATION			

#### **DECLARATION**

Signature of Applicant:

The officer applying for the company should sign here. It need not be the Managing Director or the Chief Executive Officer of the company.

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Dated thisDay of		20	
Dated tillsDay of	• • • • • • • • • • • • • • • • • • • •	<u></u>	
You can, for instance, state that "Dated this "15 <sup>th</sup> May 2019".	s <u><b>15</b><sup>th</sup></u> Day of <u><b>May</b></u> 20 <u><b>1</b></u>	<b>9</b> ", if your date of application	n is
4.1.10. FOR OFFICIAL USE ONLY Section not to be completed by the applicar			
Details of payment made for the contrac			
Invoice NumberAmoun	t	.Date	
Receipt NumberAmoun			
Administrative/ Review Officer receiving			
Name:		•••••	
Signature:			
Date:			
The GSA PCM administrative officer payments made by the applicant and signs.	receiving the applica	tion provides information	OI
Head Product Certification:			
Comments:			
Signature:			

The Head, Product Certification Department approves of the application documents and minutes to the appropriate GSA PCM officer.