

ACCREDIA

DIPARTIMENTO CERTIFICAZIONE E ISPEZIONE

Via Tonale, 26 20125 Milano - ITALY

NOTIFICATION FORM FOR VERIFIERS WHO OPERATE IN ITALY UNDER AN ACCREDITATION OBTAINED IN ANOTHER EU MEMBER STATE

TO BE SENT BY MAIL OR FAX (+39 0221009637)

SECTION 1 – Name and reference of the verifier

Name	
Address (Street/square & n., Zip & Town, Country)	
Phone	
Fax	
e-mail	
Reference person	
Other Accreditation	QMS
	EMS
	Other

SECTION 2 – Accreditation details

National Accreditation	
Scope of EMAS Accreditation	
Applied restriction (if any)	

SECTION 3 – Competence and Audit Team

Name of Team Member	Role in the Team	Competence

Please include qualification documentation

SECTION 4 – Information of the Organization to be verified

Name	
Address (Street/square & n., Zip & Town, Country)	
Phone	
Fax	
e-mail	
Reference person	
Other Certificates	QMS
	EMS
	Other
NACE code(s)	
Date (s) of audit	

Please include evidence of information to the organization that this audit could be under the supervision of the Accreditation Body and acceptance of this requirement by the verified organization.

SECTION 5 – Measures taken to deal with legal and languages knowledge, if necessary

Arrangements to ensure competence in Environmental law of the country	
Proposals to address language problems	

Section 6 – Other Information

ACCREDIA - Certification and Inspection Department