	SURVEILLANCE-RECERTIFICATION-SCOPE CHANGE UPDATE FORM	Document No.	FR-237
		Publication Date	15.09.2026
		Revision No.	00
		Revision Date	-

Company Name:			
Standard Information :			
SECTION TO BE COMPLETED BY THE ORGANIZATION			
Type of audit requested: ☐**Surveillance**	☐ **Document renewal**	☐ **Scope change**	
QUESTION	**YES**	**NO**	**If your answer is Yes, please provide details in the "Explanation" section.**
Is there a change in the company name?	☐	☐	
Has the company address changed?	☐	☐	
If the company has other addresses (Field, Branch, Production, Construction Site), please request and complete the FR-140 Multiple Site Form. A separate form must be completed for each location.	☐	☐	
Has there been a change in the tax ID number or tax office?	☐	☐	
Have there been any changes to your phone number, website, or email address?	☐	☐	
Have there been any changes to your scope of certification?	☐	☐	
Have there been any changes to the organizational structure? Have there been any changes in senior management or key personnel?	☐	☐	
Have there been any changes in production or service processes?	☐	☐	
Have any new products or services been added?	☐	☐	
Are there any outsourced processes?	☐	☐	
If so, are there any changes to your standard exclusions?	☐	☐	
Are there any customer complaints?	☐	☐	
Have there been any significant incidents (environmental, workplace accidents, data breaches, recalls)?	☐	☐	
Have any new laws, regulations, or legal obligations arisen beyond those you are already required to comply with?	☐	☐	
Have there been any changes to your significant environmental impacts?	☐	☐	
Have there been any changes to your documentation structure regarding integrated audits (ISO 9001 + ISO 14001)?	☐	☐	
Are there any access restrictions that could affect the conduct of the audit?	☐	☐	
Is an interpreter needed during the audit?	☐	☐	
Do you have a consultant you work with? If yes, please provide their first and last name and/or company name. Please also submit your consulting contract.	☐	☐	

Please specify the current number of employees.	Total:	Management:	White-Collar Employees:	Blue-Collar Employees:	Contract Workers (if any):	If there are part-time employees:
If there are shifts, please specify the employees working those shifts.	1. On shift		1. On shift		On the 3rd shift	
	…….. employee		…….. employee		…….. employee	
If there are shifts, describe the activities performed during each shift in order.						

Last internal audit date:	
Date of the most recent management review meeting:	

****Please request the supplementary forms for the ISO 27001 and ISO 50001 standards and submit them to us together.***

I hereby declare that all information stated above is current and accurate, and I accept responsibility for any adverse consequences that may arise due to incomplete or incorrect information.

First Name, Last Name, Signature, Stamp

Date

BD/D/TU from whom technical advice was obtained	
First Name Last Name	
Date	
Signature	