**POLISH CENTRE FOR ACCREDITATION**

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**NOTIFICATION OF EMAS ENVIRONMENTAL VERIFICATION BY FOREIGN VERIFIER**

|  |  |
| --- | --- |
| **Submission date:** [[1]](#footnote-1)**)** | **Registration Number:** |
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| **VERIFIER** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name/First name and surname of verifier:** | | | | | | |  | | | | | | | | | | | | | | | | | |
| Postal code: | | | | | | |  | | | | City: | | | |  | | | | | | | Country: |  | |
| Address (Street, No): | | | | | | |  | | | | | | | | | | | | | | | | | |
| Phones: | | |  | | | | | | Fax: | |  | | | | | | | e-mail: | |  | | | | |
| Web site: | | | | | | http://www. | | | | | | | | | | | | | | | | | | |
| **Contact person** | | | | | | | | | | | | Function | | | | | | tel. | | | fax. | | | e-mail |
| Name, surname: | | | | | |  | | | | | |  | | | | | |  | | |  | | |  |
| **Accreditation / Licensing Body:** | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Accreditation / Licensing No and expire date:** | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Team members** | No | | | | Name, surname | | | | | | | | Role in team | | | | | | | | Scope (NACE Code) | | | |
| a. | | | |  | | | | | | | |  | | | | | | | |  | | | |
| b. | | | |  | | | | | | | |  | | | | | | | |  | | | |
| c. | | | |  | | | | | | | |  | | | | | | | |  | | | |
| **Measures taken to deal with Polish Law** | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Measures taken to deal with language communication** | | | | | | | | | | |  | | | | | | | | | | | | | |
| **VERIFIER'S CLIENT** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | Street, No: | | | | | | | | | | | | Postal code: | | | | | | City: | | |
|  | | | | | | | | | | | |  | | | | | |  | | |
| Phones: | | | |  | | | | | | | Fax: | | |  | | | | | e-mail: | | |  | | |
| Website: | | | | http://www. | | | | | | | | | | | | | | | | | | | | |
| Number of employees: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Addresses and number of employees of locations which are subject to verification: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Activity scope (PKD/NACE) covered by verification | | | | | | | | | |  | | | | | | | | | | | | | | |
| Type of verification (according to article 18): | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Contact person** | | | | | | | | | | | Function | | | | | | tel. | | | | fax. | | | e-mail |
| Name, surname: | | | | | |  | | | | |  | | | | | |  | | | |  | | |  |
| **Time and place of the verification and validation, including the environmental verifiers visit at the organisation and all stages before and after that visit, as set out in Article 25 of Regulation (EC) No 1221/2009:** | | | | | | | | | | | | | | | | | | | | | | | | |
| date | | place | | | | | | scope of activity | | | | | | | | | | | | | time (man-days) | | | |
|  | |  | | | | | |  | | | | | | | | | | | | |  | | | |
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**I confirm reliability of information contained in the notification and declare that:**

1. I know principles of carrying out surveillance of foreign verifiers according to current document DAVE-01 *Accreditation* *of EMAS Verifiers. Specific Requirements* and documents referenced through it and I assume an obligation to observe them.
2. I will enable PCA assessors, including observers of PCA and/or international organizations, an access to all information, documents and locations necessary to carry out assessment in the notified scope and I will arrange witnessing of activities in real conditions according to PCA principles and I will assure proper conditions for that purpose (e.g. logistic and industrial safety).
3. I will bear costs according to current *PCA Price List of Accreditation Activities* (DA-04), regardless of an assessment results.

**I attach to the Notification:**

1. Copy of the accreditation certificate
2. Copy of the scope of accreditation
3. Copy of the contract on providing verification
4. Evidences of measures taken to deal with legal knowledge (e.g. records of relevant training and experience)
5. Evidence of relevant qualifications, training and experience specific to the economic sector being verified
6. Evidences of measures taken to deal with language communication

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|  |  |  |
| *(Name and signature of person responsible for financial matters)*  *Place, date:* |  | *(Name and signature of authorized person)*  *Place, date:* |

1. grey fields are not filled in by the verifier [↑](#footnote-ref-1)