



The details provided within this questionnaire will be used to provide you with a quotation for the provision of Certification International's assessment and certification services.

The questionnaire must be signed by a senior member of management who has the authority to verify and confirm that all of the details are accurate.

Organisation details	
Organisation name	
Parent company name (if applicable)	
Main address of site to be certificated	
Post code	
Country	
Contact Name	
Position	
Telephone (Office)	
Telephone (Mobile)	
Facsimile	
Email address	
Website address	

Employee details			
Total number of employees in organisation to be certified			
Including;			
No. of full time employees		No. of part time employees	
Breakdown of staffing deployment			
Production/Service. This is staff who directly manufacture product or provide the service to be covered by the scope of the certificate			
Managers/Support. This is staff who manage or provide support and do not directly manufacture product or provide the service e.g. management team, accounts, administrators, purchasing etc.			
Design (if applicable). This is the staff directly involved in product or service design activities			
No. of shifts worked in a day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> Other <input type="checkbox"/>
Days on which shifts worked	Weekday only <input type="checkbox"/>		Weekend only <input type="checkbox"/> 7 Days <input type="checkbox"/>
Is the Operation predominantly office work (i.e. greater than 90%)		Yes <input type="checkbox"/>	No <input type="checkbox"/>



General and QMS Scope Business factors (to be completed for all schemes)				
N ^o .	Factors	1	2	3
1	How would you describe the overall complexity of your processes (based on level of training needed)	Minimal training required <input type="checkbox"/>	Some structured training required <input type="checkbox"/>	Formal education or training required <input type="checkbox"/>
2	Do many staff perform the same activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Do you have a large site (or sites) with low numbers of employees (e.g. large factory area, large construction area etc)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
4	Do you have a very small site for number of personnel (e.g. office complex only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Does your organisation have many buildings or sites covered by the management system?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
6	Is a proportion of staff travelling whilst reporting in to a central location, e.g. sales personnel, service personnel etc.?	Some <input type="checkbox"/>	No <input type="checkbox"/>	
7	Is your product or service subject to a high degree of regulations (e.g. aerospace, food, drugs, accountancy etc.)?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
8	Is the organisation multi-lingual such that translation would be required for the audit process?	No <input type="checkbox"/>	Yes – Some areas <input type="checkbox"/>	Yes - All areas <input type="checkbox"/>
9	How long have you been operating the current management system?	> 3 years <input type="checkbox"/>	<= 3 years <input type="checkbox"/>	
10	How long have you had the current management system certificate in place	> 3 years <input type="checkbox"/>	Not applicable or <= 3 years <input type="checkbox"/>	

Other Relevant Information

Please attach the relevant continuation page(s) for the standards to be covered by certification

Name:

Signature:

Position:

Date:

Questionnaire - Appendix Food Safety Certification



in
association
with



Thank you for requesting a quotation from Certification International. The information provided in this application will allow us to formulate our quotation that is best suited to your needs. Please try to be as accurate as possible as this may affect the quotation. Please do not hesitate to contact us if you require any additional guidance or information.

This Questionnaire should be completed by organisations considering Food Safety Management System Certification (ISO 22000) or Quality Management System (ISO 9001) with HACCP certification.

Name of Organisation	
Location (Town, County, Country)	
Contact Name	

FSMS/HACCP Business Factors		
N ^o	Factors	
1	Food Safety Team Leader's name	
2	HACCP(s) studies prepared?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Number of HACCP Studies completed	
4	Where are you in the food chain?	Farmer <input type="checkbox"/> Crop Grower <input type="checkbox"/> Food producer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retail Outlet <input type="checkbox"/> Other <input type="checkbox"/> Please specify:
5	Food type(s) handled e.g. grain, meat, cooked foods, dried goods, canned goods, beverages etc?	
6	Temperature zone?	Frozen <input type="checkbox"/> Chilled <input type="checkbox"/> Ambient <input type="checkbox"/>

Other Relevant Information

Signature: