QUESTIONNAIRE

The details provided within this questionnaire will be used to provide you with a quotation for the provision of Certification International Ltd / D.eA. S.r.l. 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 NAME (*according to the Chamber of Commerce or Self certification* ***to be attached***):			
VAT:		**T.C.:**	
N° tel:		**N° fax:**	
Contact Name		**Web site:**	
E-mail:		**PEC** (Certified Electronic Mail)**:**	
DETAILS HEAD OFFICE * (only for tax purposes):			
Address:			
City:		Province.:	Poste code:
DETAILS OPERATIONAL SITE or BRANCH / SITE SECONDED TO CERTIFY:			
Address:			
City:	Province.:	Poste code:	No. of employees:
List below additional operating sites to be certified:			
1. Address:			No. of employees:
2. Address:			No. of employees :
3. Address :			No. of employees:
4. Address:			No. of employees:
List below (type and address) any areas in availability of 'company, that concur to the realization of processes to the scope of certification such as: warehouse, deposit, etc..			
a)			
b)			
Postal address ☐ HEAD OFFICE ☐ OPERATIONAL SITE No: ☐ Other_____			
*** The HEAD OFFICE shall be certified only if it coincides with the site operating**			

Employee details

Total number of employees:		No. of full time employees:		No. of part time employees:		Normal business hours	
No. of shifts worked in a day			1 ☐ 2 ☐ 3 ☐ 4 ☐ Others ☐				
Days on which shifts worked			Weekday only ☐ Weekend only ☐ 7 Days ☐				
Is it identical work on all shifts?	Yes ☐ No ☐ If No please give details						
Have you or will you use a consultant to develop your managements system(s)? Yes ☐ No ☐							
Consulting company *:							
Consultant name*:							
*** We remind you that in case of the presence of an external consultant or consulting company the same shall only the role of OBSERVER and may not be an active part in the Audit by the Body.**							

CERTIFICATION INTERNATIONAL DoA ITALY

Business Activities	
Please give information about: • Products / services • Type of clients • Investments in holding • Legal Requirements	

Scope details	
Please state your desired scope of certification. (This will be reviewed during the Initial Audit)	

Is the organisation Design Responsible? Yes ☐ No ☐

(For some professions this can include planning, e.g. training plans, care plans, case plans etc.)

Indicate any exclusions of clause of standards of your MS:	
Justification:	

Standard(s) to be covered by certification. If integrated please specify which standards are to be integrated by inserting a cross (X) in the right-hand box	Integrated		Integrated		Integrated	
	ISO 9001	☐ ☐	ISO 14001	☐ ☐	OHSAS 18001	☐ ☐
	ISO 27001	☐ ☐	ISO 22000	☐ ☐	ISO 9001+HACCP	☐ ☐
	Other	☐ ☐	Please specify			

Are you currently registered to any standards/specifications? (Please attach copies of certificates)

Standard	Certification Body	How Long

For existing certificates; is the scope to remain the same? Yes ☐ No ☐

If No; please provide details	

Do you outsource/sub-contract any processes? Yes ☐ No ☐

If Yes; please provide details	

Site details	
Is work on temporary sites or customers' premises involved within the scope of certification? Yes ☐ No ☐	
If Yes; please provide details	

Target date to commence assessment	

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

Name: **Date**:

Stamp and Signature of the legal representative:

Questionnaire- Appendix
Occupational Health and Safety Management Systems Certification

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.

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

Both Sections should be completed

Section 1: Occupational Health and Safety Considerations

N^{O,}	Item	Yes	No
1	Have any accidents occurred that have resulted in a fatality or absence from work for a period greater than 3 days in the last 3 years?	☐	☐
2	Have there been any occupational related illnesses in the last 3 years?	☐	☐
3	Have you been prosecuted under OHSAS legislation in last 3 years?	☐	☐
4	a) Are you aware of unusual risks related to your business (e.g. cleaning company working within an electricity power station) or b) is your industry, product or service subject to special OHSAS regulations? (e.g. Hazardous Waste Treatment). Please provide details here:	☐	☐

Section 2: Relevant Risks

Please identify relevant risks

Code	Risk		Code	Risk	
HSG01	Agriculture	☐	HSG17	Use of lead and heavy metals at work	☐
HSG02	Use of equipment	☐	HSG18	Working in fumes/gases/dust	☐
HSG03	Mining and quarrying	☐	HSG19	Working with pressure systems	☐
HSG04	Off-shore installations	☐	HSG20	Shipbuilding and docks	☐
HSG05	Nuclear Installations	☐	HSG21	Working with gas	☐
HSG06	Working with ionizing radiation	☐	HSG22	Construction	☐
HSG07	Working in confined spaces	☐	HSG23	Working with lifting equipment and lifting operations	☐
HSG08	Food preparation for other parties	☐	HSG24	Working at height	☐
HSG09	Working with and storage of flammable substances	☐	HSG25	Working in proximity to moving traffic	☐
HSG10	COMAH Sites (Chemical Ind)	☐	HSG26	Railways	☐
HSG11	Working in compressed air	☐	HSG27	Transport of dangerous goods	☐
HSG12	Working with chemical hazards	☐	HSG28	Diving at work	☐
HSG13	Working with explosives	☐	HSG29	Working in proximity to water (risk of drowning)	☐
HSG14	Working with biological hazards	☐	HSG30	Defence	☐
HSG15	Working with asbestos	☐	HSG31	Working with dangerous animals	☐
HSG16	Working with materials at extreme temperatures	☐	HSG32	Use of PPE, display screen equipment, electricity at work, noise at work, fire, manual handling, fist aid at work, slips, trips and falls, violence at work, stress at work, working time	☐

Signature: **Date:**