

# 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.

<b>ORGANISATION NAME</b> ( <i>according to the Chamber of Commerce or Self certification to be attached</i> ):											
<b>VAT:</b>				<b>T.C.:</b>							
<b>N° tel:</b>						<b>N° fax:</b>					
<b>Contact Name</b>						<b>Web site:</b>					
<b>E-mail:</b>						<b>PEC</b> (Certified Electronic Mail):					
<b>DETAILS HEAD OFFICE * (only for tax purposes):</b>											
Address:											
City:						Province.:			Poste code:		
<b>DETAILS OPERATIONAL SITE or BRANCH / SITE SECONDED TO CERTIFY:</b>											
Address:											
City:				Province.:			Poste code:			No. of employees:	
<b>List below additional operating sites to be certified:</b>											
1. Address:								No. of employees:			
2. Address:								No. of employees :			
3. Address :								No. of employees:			
4. Address:								No. of employees:			
<b>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..</b>											
a)											
b)											
<b>Postal address</b> <input type="checkbox"/> HEAD OFFICE <input type="checkbox"/> OPERATIONAL SITE No: <input type="checkbox"/> Other											
<b>* The HEAD OFFICE shall be certified only if it coincides with the site operating</b>											
<b>Employee details</b>											
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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Others <input type="checkbox"/>							
Days on which shifts worked				Weekday only <input type="checkbox"/> Weekend only <input type="checkbox"/> 7 Days <input type="checkbox"/>							
Is it identical work on all shifts?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No please give details</i>									
Have you or will you use a consultant to develop your managements system(s)?    Yes <input type="checkbox"/> No <input type="checkbox"/>											
Consulting company *:											
Consultant name*:											
<b>* 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.</b>											

## Business Activities

Please give information about: <ul style="list-style-type: none"> <li>• Products / services</li> <li>• Type of clients</li> <li>• Investments in holding</li> <li>• Legal Requirements</li> </ul>	
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## Scope details

Please state your desired scope of certification. (This will be reviewed during the Initial Audit)	
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Is the organisation Design Responsible? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> (For some professions this can include planning, e.g. training plans, care plans, case plans etc.)
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Indicate any exclusions of clause of standards of your MS:
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Justification:	
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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	<input type="checkbox"/> <input type="checkbox"/>	ISO 14001	<input type="checkbox"/> <input type="checkbox"/>
ISO 27001	<input type="checkbox"/> <input type="checkbox"/>	ISO 22000	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/> <input type="checkbox"/>	Please specify	
		OHSAS 18001	<input type="checkbox"/> <input type="checkbox"/>
		ISO 9001+HACCP	<input type="checkbox"/> <input type="checkbox"/>

## 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? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
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If No; please provide details	
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Do you outsource/sub-contract any processes? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
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If Yes; please provide details	
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## Site details

Is work on temporary sites or customers' premises involved within the scope of certification? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
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If Yes; please provide details	
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Target date to commence assessment	
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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 <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	<u>OR</u> Do you have a very small site for number of employees (e.g. office complex only)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5	Is your business carried out over many buildings or sites?		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"/>	

Name:

Date:

Stamp and Signature of the legal representative: