QUESTIONNAIRE

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 (For some professions this can include planning, e.g. training plans, care plans, case plans etc.)			
No. of shifts worked in a day	1 ☐ 2 ☐ 3 ☐ 4 ☐ Other ☐		
Days on which shifts worked	Weekday only ☐ Weekend only ☐ 7 Days ☐		
Normal business hours			

Business Activities	
Please provide general information regarding your organisation and its activities. For example; your relationship if you are part of a larger organisation, a description of what you make or do, the type of customers you have (e.g. commercial, government, end user etc.) and whether you have specific legal obligations to fulfil.	

QUESTIONNAIRE

Certification International

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.)

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 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	

Have you or will you use a consultant to develop your managements system(s)? Yes ☐ No ☐

If Yes; please provide details	

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

If Yes; please provide details	

Site details

Is there more than one site to be included within the scope of certification? Yes ☐ No ☐

If Yes; please provide details including location, number of staff and whether they are full or part time. (Please attach additional pages if necessary)	

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				
N°.	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 ☐	

Other Relevant Information

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

Name: **Signature**:

Position: **Date**: