

CERTIFICATION QUESTIONNAIRE

Thank you for requesting a quotation from SOCOTEC Certification. The information provided in this application will enable 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.

Lead

How did you hear of SOCOTEC Certification?

- Web Search / SOCOTEC Website
 Accreditation Body Website
 Advertisement
 SOCOTEC Certification Personnel
 Consultant
 Auditor

	Company Name	Contact Name	Telephone
Consultancy company			
Auditor			

Company Details

Company Name:

If organisation is part of a group, please specify:

Registered Address:

Postal Code: Country:

Website Address:

Company Contact Details

Surname: First Name:

Position in Company:

Office Phone Number: Mobile Phone Number:

Email Address:

Contract

	Name	Function
Decision maker (Director-Manager details)		
Contract signatory (if different from above)		

Standard(s) to be covered by certification

- | | | |
|--------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> 9001 | <input type="checkbox"/> 22000 | <input type="checkbox"/> 29990 |
| <input type="checkbox"/> 14001 | <input type="checkbox"/> FSSC 22000 | <input type="checkbox"/> 37001 |
| <input type="checkbox"/> 45001 | <input type="checkbox"/> 50001 | |
| <input type="checkbox"/> 27001 | <input type="checkbox"/> 55000 | <input type="checkbox"/> Others |

Provisional Scope of Certification:

Are you currently registered to any standard? If yes, please provide details:

Certification standard and version *	Expiry date	Current CB

** Please attach copies of certificates (applicable only to organisations which would like to transfer their existing certification from another certification body)*

Reason(s) for selecting your current CB:

If applying for initial certification, indicate how many months your management system has been in operation:

Have you, or will you, use a consultant to develop your Management System(s)? Yes No

If Yes, please give details:

Company Name	Contact Name	Telephone

Does your Company operate a system of Shift Working?

Yes No

If Yes, please include full details of the shift patterns worked, including:

- Number of shifts in a day and their Start & Finish times;
- Total number of employees on each shift;
- Whether the activities on each shift are identical or not and if not, what the differences are;
- For Multiple Site Clients, please provide the details of the shift patterns for each site

How many sites will be covered by the scope of certification (include the main site):

For Multisite Certification:

Does your organisation have a single management system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your organisation have a central function that has authority to define, establish and maintain the single management system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your organisation's management system subject to central management review?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all sites have a legal or contractual link with the central function?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the central function responsible for ensuring data is collected and analysed from all sites?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the central function have authority and ability to initiate organisational change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does each site perform very similar processes and activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide individual site details below:

Main Site				Number of Employees at Site	
Responsibility for the Site				Number of Employees at Site	
Site Name:	<input type="text"/>	Site Activities:	<input type="text"/>	Full Time	<input type="text"/>
Site Address:	<input type="text"/>	Site Contact Name:	<input type="text"/>	* Part Time	<input type="text"/>
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>		
Country:	<input type="text"/>	Email:	<input type="text"/>		

Site 1				Number of Employees at Site	
Responsibility for the Site				Number of Employees at Site	
Site Name:	<input type="text"/>	Site Activities:	<input type="text"/>	Full Time	<input type="text"/>
Site Address:	<input type="text"/>	Site Contact Name:	<input type="text"/>	* Part Time	<input type="text"/>
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>		
Country:	<input type="text"/>	Email:	<input type="text"/>		

Site 2				Number of Employees at Site	
Responsibility for the Site				Number of Employees at Site	
Site Name:	<input type="text"/>	Site Activities:	<input type="text"/>	Full Time	<input type="text"/>
Site Address:	<input type="text"/>	Site Contact Name:	<input type="text"/>	* Part Time	<input type="text"/>
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>		
Country:	<input type="text"/>	Email:	<input type="text"/>		

Site 3			
Responsibility for the Site			Number of Employees at Site
Site Name:	<input type="text"/>	Site Activities:	<input type="text"/>
Site Address:	<input type="text"/>	Site Contact Name:	<input type="text"/>
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Country:	<input type="text"/>	Email:	<input type="text"/>
			Full Time <input type="text"/>
			* Part Time <input type="text"/>

Site 4			
Responsibility for the Site			Number of Employees at Site
Site Name:	<input type="text"/>	Site Activities:	<input type="text"/>
Site Address:	<input type="text"/>	Site Contact Name:	<input type="text"/>
Postcode:	<input type="text"/>	Telephone:	<input type="text"/>
Country:	<input type="text"/>	Email:	<input type="text"/>
			Full Time <input type="text"/>
			* Part Time <input type="text"/>

*** Part Time Workers**

Where you have indicated that you have employees operating on a Part Time basis please submit, with this application, details of the part time hours worked, expressed as a percentage of the full-time working hours.

(E.g. If the full-time working week is 40 hours per week, an employee working 20 hours per week, inputs 50% to that of their full time equivalent).

Please describe any temporary / off site installation / service activities.

Please describe any outsourced or subcontracted activities.

Employee numbers in each business process (including contractors / subcontractors):

Company Functions	Main Site	Site 1	Site 2	Site 3	Site 4
Management					
General Administration					
Sales & Purchasing					
Accounts					
Production					
Design					

Processes / activities at site:

Company Processes	Main Site	Site 1	Site 2	Site 3	Site 4
<i>e.g. Sales</i>					

Audit Arrangement:

Do you want to transfer your certificate? Yes No

Certification Target Date: DD MM YYYY

Audit Language:

Do you want a pre-audit? Yes No

Do you want a night audit? Yes No

Do you want a weekend audit? Yes No

Invoicing Details:

(If different from Company details previously entered):

Company Name:

Main Address:

Postal Code: Country:

Responsible person for processing invoices:

Name:

Position in Company:

Direct Office Phone: Mobile:

For QMS (ISO 9001):

Does your company undertake Design activities?

Do your processes involve a high level of automation?

For EMS (ISO 14001):

Please provide details of the significant Environmental Aspects associated with your operations:

Please list any specific Environmental Legislative or Regulatory requirements your organisation must comply with:

Please provide details of any Environmental incidents or accidents your organisation contributed to:

For OHSMS (ISO 45001):

Please provide details of the critical Health & Safety Risks relevant to your business:

Please provide details of any Health & Safety prosecutions, warning notices or serious incidents that you have had in the last three years:

Is your site accessed by the public? (e.g. schools, hospitals, theatres etc):

Where applicable, please complete and submit the relevant, supplementary questionnaires for any other Standards you wish to gain certification for (e.g. Information Security (ISMS); Food Safety (FSMS); Energy Management (EnMS) etc.)

For Integrated Management Systems:

Do management reviews consider the overall business Strategy and plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated approach to internal audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated approach to policy and objectives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated approach to system processes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated documentation set?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated approach to Improvement mechanisms (corrective actions, measurement and continual improvement)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated approach to management system planning and risk management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an integrated approach to management support and responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

This questionnaire should be signed by a person with the authority to verify and confirm that all **details** are accurate.

Name:

Signature:

Position:

Date:



**CI International
DE Certification**
The Socotec Group

Questionnaire – ISO37001:2016 Anti-Bribery Management System

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

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

Name of Organisation	<input type="text"/>
Location (Town, County, Country)	<input type="text"/>
Contact Name	<input type="text"/>
No. of Staff	<input type="text"/>

Industrial Checklist	
N ^o	Item
1	How do you rate the overall risk category of your organization business activities in relation to bribery? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
2	Were there any reported cases of bribery in your organization in the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Please list the processes/ activities of the organization services where potential bribery may take place. (a) <input type="text"/> (b) <input type="text"/> (c) <input type="text"/> (d) <input type="text"/> (e) <input type="text"/> (f) <input type="text"/> Note: Please add attachment if column not enough.
4	Level of dealing with supplies/ consultants/ specialists/ contractors/ other business associates which are highly prone to bribery? <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
5	Does your organisation actively manage third party risk and apply a consistent risk-based approach to third party review and due diligence since the last 5 years? <input type="checkbox"/> Yes



CI International
DE Certification
The Socotec Group

Questionnaire – ISO37001:2016 Anti-Bribery Management System

<input type="checkbox"/>	No
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Other Relevant Information

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

Name:

Signature:

Position:

Date: