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

☐ 9001	☐ 22000	☐ 29990
☐ 14001	☐ FSSC 22000	☐ 37001
☐ 45001	☐ 50001	
☐ 27001	☐ 55000	☐ 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** ☐	**No** ☐
Does your organisation have a central function that has authority to define, establish and maintain the single management system?	**Yes** ☐	**No** ☐
Is your organisation's management system subject to central management review?	**Yes** ☐	**No** ☐
Do all sites have a legal or contractual link with the central function?	**Yes** ☐	**No** ☐
Is the central function responsible for ensuring data is collected and analysed from all sites?	**Yes** ☐	**No** ☐
Does the central function have authority and ability to initiate organisational change?	**Yes** ☐	**No** ☐
Does each site perform very similar processes and activities?	**Yes** ☐	**No** ☐

Please provide individual site details below:

Main Site

		Responsibility for the Site		**Number of Employees at Site**	
Site Name:		**Site Activities:**		**Full Time**	
Site Address:		**Site Contact Name:**		*** Part Time**	
Postcode:		**Telephone:**			
Country:		**Email:**			

Site 1

		Responsibility for the Site		**Number of Employees at Site**	
Site Name:		**Site Activities:**		**Full Time**	
Site Address:		**Site Contact Name:**		*** Part Time**	
Postcode:		**Telephone:**			
Country:		**Email:**			

Site 2

		Responsibility for the Site		**Number of Employees at Site**	
Site Name:		**Site Activities:**		**Full Time**	
Site Address:		**Site Contact Name:**		*** Part Time**	
Postcode:		**Telephone:**			
Country:		**Email:**			

Site 3					
		Responsibility for the Site		Number of Employees at Site	
Site Name:		Site Activities:		Full Time	
Site Address:		Site Contact Name:		* Part Time	
Postcode:		Telephone:			
Country:		Email:			

Site 4					
		Responsibility for the Site		Number of Employees at Site	
Site Name:		Site Activities:		Full Time	
Site Address:		Site Contact Name:		* Part Time	
Postcode:		Telephone:			
Country:		Email:			

* 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
e.g. Sales					

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** ☐	**No** ☐
Do you have an integrated approach to internal audits?	**Yes** ☐	**No** ☐
Do you have an integrated approach to policy and objectives?	**Yes** ☐	**No** ☐
Do you have an integrated approach to system processes?	**Yes** ☐	**No** ☐
Do you have an integrated documentation set?	**Yes** ☐	**No** ☐
Do you have an integrated approach to Improvement mechanisms (corrective actions, measurement and continual improvement)?	**Yes** ☐	**No** ☐
Do you have an integrated approach to management system planning and risk management?	**Yes** ☐	**No** ☐
Do you have an integrated approach to management support and responsibilities?	**Yes** ☐	**No** ☐

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

Name:

Signature:

Position:

Date:

APPLICATION FORM (ISMS) ISO 27001:2013

Name of Organisation:	*N.B: the number of employees is the total number of persons doing work under the organisation's control for all shifts within the scope of certification*
Location Address Head Office: **(Town, County, Country)** **Number of employees on site** **Number of shifts operated on site**	Site 1 (HO) Address: Number of Employees at site: ☐ Permanent ☐ Temporary Activities and processes operated: Last internal audit date: Outcome (describe briefly the internal audit conclusion in terms of compliance with ISO27001): Date of last information security incident at site: Brief description of incident:
Additional Sites: **(please state address of each site (permanent or temporary), number of employees located at site, number of shifts operated and activities: processes on site)** *If more than 4 additional site locations please continue on a separate sheet.	Site 2 Address: Number of Employees at site: Number of shifts operated at site: ☐ Permanent ☐ Temporary Activities and processes operated: Last internal audit date: Outcome (describe briefly the internal audit conclusion in terms of compliance with ISO27001): Date of last information security incident at site: Brief description of incident:

	Site 3 Address: Number of Employees at site: Number of shifts operated at site: ☐ Permanent ☐ Temporary Activities and processes operated: Last internal audit date: Outcome (describe briefly the internal audit conclusion in terms of compliance with ISO 27001): Date of last information security incident at site: Brief description of incident:
	Site 4 Address: Number of Employees at site: Number of shifts operated at site: ☐ Permanent ☐ Temporary Activities and processes operated: Last internal audit date: Outcome (describe briefly the internal audit conclusion in terms of compliance with ISO 27001): Date of last information security incident at site: Brief description of incident:
Contact Name:	
Contact Telephone No.:	

Are there any records that cannot be made available to the audit team members because they contain sensitive or confidential information? ☐ Yes ☐ No

If Yes, Specify:

Please tick relevant boxes if additional sites apply:

☐ All sites operate under the same ISMS, which is centrally administered and audited and subject to central management review.

☐ All sites are included within your organisation's internal ISMS audit programme.

☐ All sites are included within the organisation's ISMS management review programme.

Please describe differences between sites if applicable (i.e. differences between the *business processes* within the *scope of the ISMS*.)	

Please tick relevant boxes to identify factors related to your business and organisation (other than Information Technology)

Type of business and regulatory requirements:

Note: Critical Business Sectors are sectors that may affect critical public services that will cause risk to health, security, economy, image and government ability to function that may have a large negative impact on the country.

☐ 1. We work in non-critical business sectors and non-regulated sectors.

☐ 2. We have customers in critical business sectors

☐ 3. We work in critical business sectors.

Process and Tasks (determination of factors related to business and organisation Complexity [other than IT):

☐ 1. Standard processes with standard repetitive tasks, lots of staff doing work under the organisations control carrying out the same tasks, few products or services.

☐ 2. Standard but non-repetitive processes, with high number of products or services.

☐ 3. Complex processes, high number of products and services, many business units included in the scope of certification.

Level of establishment of ISMS:

☐ 1. ISMS already established and/or other management systems are in place.

☐ 2. Some elements of other management systems are implemented, others are not.

☐ 3. No other management system implemented at all, the ISMS is new and not established

Please tick factors related to Information Technology environment (determination of factors related to IT Complexity):

IT infrastructure and complexity:

☐ 1. Few or highly standardized IT platforms, servers, operating systems, databases, networks.

☐ 2. Several different IT platforms, servers, operating systems, databases, networks.

☐ 3. Many different IT platforms, servers, operating systems, databases, networks.

Dependency on outsourcing and suppliers, including Cloud services:

☐ 1. Little or no dependency on outsourcing or suppliers.

☐ 2. Some dependency on outsourcing or suppliers, related to some but not all important business activities.

☐ 3. High dependency on outsourcing or suppliers, large impact on important business activities.

Information system development:

☐ 1. None or very little in-house system/application development.

☐ 2. Some in-house or outsourced system/allocation development for some important business processes

☐ 3. Extensive in-house or outsourced system/application development for important business processes.

For multisite organisations only:

Date of last management review:	Did the management review identify any variation across sites? ☐ Yes ☐ No If yes, specify:
Are there any variations of working practice across sites? ☐ Yes ☐ No If Yes specify:	Are there any variations of design and operation controls across the sites? ☐ Yes ☐ No If Yes specify:
Have some sites some interaction with critical information systems or information systems processing sensitive information? ☐ Yes ☐ No If Yes specify:	Are applicable legal requirements identical across sites? ☐ Yes ☐ No If no specify:

Ranking guidance for multisites ISMS certification

Categories	Ranking criteria
3	The site activities include the management of highly sensitive information as: • Highly sensitive internal information such as pricing, margins, intellectual property [source code/designs], the identity of suppliers/supplier prices/part numbers/part specifications. • Highly sensitive client information such as security vulnerabilities, client site schematics (physical or technical such as network topologies with IP addresses), remote access management (e.g. authentication got remote access to client sites) • Highly sensitive personal information for employees, contractors, clients, clients' end users) such as special category data (e.g. health/medical records), criminal convictions, financial data (assets/wealth, bank account information) • The security/privacy risk assessment includes high residual information security or privacy risks for the activities conducted at the site.
2	Information where a loss of confidentiality, integrity or availability will not have a high impact for their client or other interested parties such as the client's customers/end users, employees, contractors. There are no high residual information security or privacy risks associated with this site and its activities.
1	Information managed at these sites has low/insignificant impact in the event of loss of confidentiality, integrity or availability. All information security and privacy residual risks associated with this site and its activities are rated low.

With reference to the Ranking guidance criteria table above, please indicate below the category for each site.

Site:	HO	2	3	4	5	6	7	8	9	10	11
Category:											