

# QUESTIONNAIRE

Thank you for requesting a quotation from SOCOTEC Certification United Kingdom. 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.

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

Organisation details	
Organisation name	
If the organisation is part of a group or structure, please clarify	
Main address of site to be certified	
Postal code	
Country	
Contact name	
Position	
Telephone (Mobile)	
Telephone (Office)	
E-mail address	
Website address	

Employee details	
Total number of employees in the organisation to be certified:	
Number of full time employees:	
Number of part time employees – normal business hours:	
Number of temporary staff	
Number of employees that work at premises away from the organization sites (Wholly employed or subcontracted and under the company's control):	Wholly employed
	Subcontracted
Production/Service (staff directly participating in the manufacturing process or who provide the services to be covered by the scope of the certificate)	

Managers/Support (staff who manage or provide support and do not participate directly in the manufacturing process or service provision e.g. management team, accounting, administration, logistics)																																																						
When included in the organisations scope of certification, Contractors/subcontractors (personnel who provide work or work related activities) that are under the control or influence of the organization that can impact the organisation's OHSMS performance																																																						
Design – if applicable (staff directly involved in product or service design activities)																																																						
Number of working shifts in a day: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other <input type="checkbox"/>																																																						
Days on which shifts work: Week days <input type="checkbox"/> Weekends <input type="checkbox"/> 7 Days <input type="checkbox"/>																																																						
Number of employees who work in shifts:																																																						
Normal business hours: 4 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> Other:																																																						
<b>Scope details</b>																																																						
Please state your desired scope of certification (this will be reviewed and confirmed during the audit)																																																						
Is the organisation Design Responsible? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(For some professions this can include planning, e.g. training plans, care plans, case plans etc.)</i>																																																						
Standard(s) to be covered by certification. <i>If integrated, please specify which standards are to be integrated by inserting a cross (X) in the right-hand box</i>	<table border="0"> <tr> <td></td> <td colspan="2">Integrated</td> <td colspan="2">Integrated</td> <td colspan="2">Integrated</td> </tr> <tr> <td>ISO 9001</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ISO 14001</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OHSAS 18001</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ISO 22000</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ISO 27001</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ISO 9001+HACCP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FSSC 22000</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ISO45001</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>ISO 55001</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SSIP (UK only)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="8">Please, specify</td> </tr> </table>		Integrated		Integrated		Integrated		ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>	ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>	OHSAS 18001	<input type="checkbox"/>	<input type="checkbox"/>	ISO 22000	<input type="checkbox"/>	<input type="checkbox"/>	ISO 27001	<input type="checkbox"/>	<input type="checkbox"/>	ISO 9001+HACCP	<input type="checkbox"/>	<input type="checkbox"/>	FSSC 22000	<input type="checkbox"/>	<input type="checkbox"/>	ISO45001	<input type="checkbox"/>	<input type="checkbox"/>	ISO 55001	<input type="checkbox"/>	<input type="checkbox"/>	SSIP (UK only)	<input type="checkbox"/>	<input type="checkbox"/>								Please, specify								
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<b>Are you currently registered to any standards or specifications?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																						
If No; please provide details																																																						
Standard	Certification body that issued the certificate	How long the certificate is valid (in years)																																																				
For existing certificates: which one or more of the below will be changed: Organisation name <input type="checkbox"/> Main address <input type="checkbox"/> Scope <input type="checkbox"/> Number of sites <input type="checkbox"/>																																																						
If Yes; please provide details																																																						

Have you or will you use a consultant to develop your managements system(s)*?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please refer to consultancy definitions at the end of the questionnaire	
If Yes; please provide name of consultant and their organisation	
Do you outsource/sub-contract any processes?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes; please provide details	
Target date to commence assessment	
Are there any records that <u>cannot</u> be made available to the audit team members because they contain sensitive or confidential information?	
<b>Site details</b>	
Is there more than one site to be included within the scope of certification?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes; please specify the address, number of staff and whether they are full or part time for each site subject to certification  (Please attach additional pages if necessary)	
Please specify any relevant geographical and cultural aspects, risk situation of the sites, information security incidents at the specific sites.	
Is work on temporary sites or customers' premises involved within the scope of certification?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes; please provide details	

Specific factors for the activity - subject to the management system certification				
	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 employees perform one and 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 only 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 to be included on the certificate?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
6	Are part of the 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 which is subject of the certification you are applying for?	More than 3 years <input type="checkbox"/>	Less or exactly 3 years <input type="checkbox"/>	
10	How long have you had the current management system certified?	More than 3 years <input type="checkbox"/>	Not applicable Or less than 3 years <input type="checkbox"/>	

### General business activity and other relevant information

Please describe in brief 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., counterparties or final users) and whether you have specific legal obligations to fulfil.

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

*Please fill and submit the relevant additional questionnaires for all the standards desired for certification*

**Name and position:**

**Signature and date:**

\* OHSMS Consultancy definitions

Some specific services offered or provided in the field of Occupational Health and Safety to clients certified or being certified for OH&SMS by the Certification Body are considered as OH&SMS consultancy. These include, but are not limited to:

- i) performing the role of Occupational Health and Safety coordinator,
- ii) safety reporting,
- iii) performing risk assessments,
- iv) performing Occupational Health and Safety inspections and internal audits,
- v) communication with regulatory authorities on behalf of the client,
- vi) assistance in developing an organisation's Occupational Health and Safety Management System, and
- vii) accident and incident investigation.