

QUESTIONNAIRE

For a formal written quotation of audit fees, please complete in detail and forward to our office



New customers	<input type="checkbox"/> New registration	<input type="checkbox"/> Transfer registration from another certification body
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Existing customers	<input type="checkbox"/> Extend the scope / locations of your current registration
	<input type="checkbox"/> Add a new standard to your registration
	<input type="checkbox"/> Transfer registration from another certification body

Standard(s) applicable (please indicate as appropriate)

ISO 9001:2015 ISO 14001:2015 OHSAS 18001 ISO 45001:2018 Other.....

OHSAS 18001/ISO 45001 Applicants Only - SSiP Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supplier Category (please indicate as appropriate)

Construction Contractor		Principal Contractor		Principal Designer		Designer		Group		Non-Construction	
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Company or Organisation	
Address	
Postcode	
Contact Name and Position	Tel. Number
E-mail	Web site

Section 1 – Business Activities

1. What is the proposed scope of certification?

Description of the products and services you offer to your customers.

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2. What are the main processes carried out to deliver the products and services you offer?

What are the main actions or steps taken in order to produce the above products and services?

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3. Does providing these products or services involve working at customer sites?

If yes, please tell us what you do on site (e.g. installation, maintenance, construction, security, cleaning etc.)

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Section 2 – Environmental and OH&S Management systems

(14001 / 18001 / 45001 applicants only)

4. What are the risks associated with your processes?

The main sources with a potential to cause injury and ill health.

5. What are your significant environmental aspects?

Elements of your activities, products or services that interact with, and can have a significant impact on, the environment.

6. Please identify any hazardous materials used in your processes?

Any item or agent, which has the potential to cause harm.

7. Please identify any specific legal obligations coming from the applicable OH&S and/or Environmental legislation?

Any obligations requiring you to perform a specific duty.

Section 3 – Personnel and locations

8. What is your total number of employees?

Full time _____ Part time _____

9. Effective personnel

Please indicate personnel numbers per activity / role in the organisation

Activity / Role	Full time	Part time	
		Numbers	Avg. Hours p/week
Management			
Sales			
Finance			
HR			
Support (e.g. admin etc)			
Product Development			
Supervisors			
<i>Operations (Please define additional activities/roles below and provide personnel numbers for each e.g. cleaners, security, transport, call centre, electricians, etc)</i>			
Please insert activity / role			
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Please insert activity / role			
Please insert activity / role			

10. Do you utilise any subcontractors to deliver the services you provide? Yes No

If YES, please give details as to what extent you use them (eg, manufacture, installation, design, transport, waste) and approximately how many are used at any one time

Subcontractor Activity / Role	Numbers utilised at any one time (On average)	Avg. Hours p/week

11. Do you operate a shift system? Yes No

If YES how many employees work outside of normal office hours?	
Please Specify type activities conducted out of office hours	

12. Do you have any other branches or satellite offices?

If you do, please tell us where they are and approximate numbers employed at each branch.

Address	Activities <i>i.e., accounts, admin, manufacture</i>	Operational Differences (e.g. differences in technology, equipment, premises etc.)	Employees
Total number of Branches – Continue on separate sheet if required			

Section 4 – Management System implementation

13. Have you produced a relevant management system? Yes No

If YES, approximately how long have you been operating this system? _____

14. Does your organisation currently have any registrations granted by ISOQAR or other certification bodies?

Yes No (for transfers copies of certificates and last audit reports will be requested)

If YES, please give certificate numbers and expiry dates (if known) _____

15. If a consultant was used to develop your management system, please give their name and company.

Section 5 – Additional Information

16. If you are a new customer, how did you hear about ISOQAR?

17. Is there any additional information you feel may help us prepare your quotation?

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The above details help us provide an accurate quotation. All information is treated with strict confidentiality.

Signed	Date
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Thank you for taking the time to provide this information.

If you would like to receive occasional marketing emails from us, please tick this box to opt in:
(we will not pass your details on to any other parties and you can opt out at any time in the future)

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