

QMS - ISO 9001 CERTIFICATION QUESTIONNAIRE



PLEASE COMPLETE THIS QUESTIONNAIRE AND ATTACH ANY RELEVANT SUPPORTING INFORMATION DESCRIBING THE COMPANY'S QMS AND ACTIVITIES, (e.g. COMPANY PUBLICITY MATERIAL). ON RECEIPT OF THE COMPLETED QUESTIONNAIRE GITCHIA WILL PREPARE AND SUBMIT FOR YOUR APPROVAL A PROPOSAL DETAILING AUDIT OR TRANSFER COSTS AND TIMESCALES.

SECTION 1 – ENQUIRY DETAILS

How did you learn of GITCHIA?

| | |
|--|--------|
| REFERRAL FROM CONSULTANTS? | YES/NO |
| GITCHIA WEB SITE? | YES/NO |
| DIRECT CONTACT FROM GITCHIA PERSONNEL? | YES/NO |
| ADVERTISING? | YES/NO |
| ACCREDITATION BODY WEB SITE | YES/NO |

SECTION 2 – HEAD OFFICE/MAIN SITE DETAILS

| | | |
|---|---|--|
| TYPE OF APPLICATION | New/Re Assessment/Transfer <i>(if this is a transfer please provide the valid certificate and previous 3 year reports)</i> | |
| LEGALLY REGISTERED COMPANY NAME | | |
| COMPANY ADDRESS (including post or Zip code) | | |
| IS THIS ENQUIRY FOR MORE THAN ONE PHYSICAL SITE/LOCATION. | YES/NO | IF "YES" PLEASE ALSO COMPLETE SECTION 8 OF THIS QUESTIONNAIRE. |
| PLEASE DESCRIBE THE COMPANY'S BUSINESS ACTIVITY (SCOPE) | | |

SECTION 3: EMPLOYEES/WORK FORCE

| | |
|--|--|
| TOTAL NUMBER OF STAFF | |
| NUMBER OF PART TIME STAFF | |
| TOTAL NUMBER OF OFFICE STAFF | |
| TOTAL NUMBER OF PRODUCTION/SERVICE STAFF | |

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| | |
|--|--|
| NUMBER OF EMPLOYEES WORKING OFF SITE | |
| NUMBER OF EMPLOYEES SEASONAL WORK (IF ANY) | |

SHIFT WORK

| | |
|---|--------|
| IS SHIFT WORK OPERATED ON THE SITE OR SITES INVOLVED IN THIS ENQUIRY? | YES/NO |
| IF "YES" - HOW MANY SHIFTS? | |
| TOTAL NUMBER OF STAFF ON EACH SHIFTS | |
| ARE THE ACTIVITIES OF EACH SHIFT IDENTICAL? | YES/NO |
| IF "NO" PLEASE DETAIL THE DIFFERENT ACTIVITIES BETWEEN EACH SHIFT | |
| | |
| PLEASE PROVIDE THE SHIFT START AND FINISH TIMES | |
| | |

SECTION 4 – PROCESS DETAILS

Based on the declared scope of Business and number of employees, please complete below

| PROCESSES INVOLVED | EMPLOYEE NUMBERS |
|--------------------|------------------|
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|--|--|
| PLEASE PROVIDE DETAIL OF ANY OUTSOURCED PROCESSES | |
| | |
| PLEASE PROVIDE DETAILS OF ANY LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES | |
| | |
| PLEASE DESCRIBE ANY TEMPORARY OFF SITE INSTALLATION/SERVICE ACTIVITIES (IF APPLICABLE) | |
| | |
| HOW MANY INSTALLATION/SERVICE SITES ARE IN OPERATION? | |

SECTION 5 – MANAGEMENT SYSTEM DETAILS

| | | | | | | | | | | | |
|--|---------------|-------|--|-------|--|-------|--|-------|--|-------|--|
| WAS THE QMS DEVELOPED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? <i>(If by a consultant please provide the Consultant's OR Consultant company name)</i> | | | | | | | | | | | |
| | | | | | | | | | | | |
| ARE THERE ANY CLAUSES OF ISO 9001 THAT ARE NOT APPLICABLE (exclusion) WITHIN YOUR SCOPE OF WORK? <i>Please provide details</i> | Yes/No | | | | | | | | | | |
| CLAUSE | JUSTIFICATION | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3 RD PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW? | | | | | | | | | | | |
| 9001 | | 14001 | | 18001 | | 22000 | | 27001 | | 13485 | |
| IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY INVOLVED | | | | | | | | | | | |

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SECTION 6 – CONTACT INFORMATION

PRIVACY

By signing this form, we declare that the data shown here are correct and complete. We also declare to have read the GITCHIA information published on the Certification Body's website. The data provided will be processed for the purpose of technical / economic offer formulation.

I authorize GITCHIA to process personal data for marketing, direct sales and market research purposes.

I give Consent

I do not give consent

| | | | |
|---------------|--|--------------------|--|
| NAME | | SIGNATURE | |
| POSITION | | DATE OF COMPLETION | |
| EMAIL ADDRESS | | PHONE NUMBER | |

PLEASE RETURN COMPLETED QUESTIONNAIRE TO YOUR LOCAL GITCHIA OFFICE

SECTION 7 – AUDITOR CONFIRMATION (*GITCHIA use only*)

TO BE COMPLETED BY THE APPOINTED GITCHIA LEAD AUDITOR AT TIME OF THE STAGE 1 OR RECERTIFICATION/EXTENSION AUDIT ARISING FROM ENQUIRY AND PRESENTED WITHIN THE RELEVANT PACKAGE

I CONFIRM THAT THE INFORMATION AND DATA SHOWN ON THE COMPLETED QUESTIONNAIRE IS VALID AND ACCURATE TO THE COMPANY CIRCUMSTANCES SEEN AT THE TIME OF THE STAGE 1 AUDIT/RECERTIFICATION - *(Note – if any significant discrepancies between the information and data shown on the Questionnaire and those observed during the Stage 1 audit/ recertification are identified these must be brought to the attention of the company and to the attention of the GITCHIA office Certification Manager immediately as these may impact the validity of the original proposal and contract as well as the adequacy of audit planning)*

| | | | | | |
|------|--|-----------|--|------|--|
| Name | | Signature | | Date | |
|------|--|-----------|--|------|--|

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Section 8 MULTISITES ONLY

| | ACTIVITIES INVOLVED (SCOPE) TOTAL | EMPLOYEE END TIME | SHIFT WORK OF YES/NO | START AND EACH SHIFT |
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