

Questionnaire

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

General Information

Name of Company or Organisation :		<input type="text"/>	
Address :	<input type="text"/>	Postcode :	<input type="text"/>
Companies House No. :		<input type="text"/>	
Telephone No. :	<input type="text"/>	Fax No. :	<input type="text"/>
Email :	<input type="text"/>	Website :	<input type="text"/>
Contact :	<input type="text"/>	Position :	<input type="text"/>
New Customer :	<input type="checkbox"/> New registration <input type="checkbox"/> Transfer of registration from another certification body		
Existing Customer:	<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 a registration from another certification body		
Standards :	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001	<input type="checkbox"/> ISO 45001
Certificate must have South African National Accreditation System (SANAS):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplier Category (please indicate as appropriate)			
<input type="checkbox"/> Construction Contractor	<input type="checkbox"/> Principal contractor	<input type="checkbox"/> Principal Designer	<input type="checkbox"/>
<input type="checkbox"/> Designer	<input type="checkbox"/> Group	<input type="checkbox"/> Non-Construction	<input type="checkbox"/>

Business Activities

What is the intended scope of certification?

A description of the products and services provided to your customers.

What are the key processes involved in delivering the products and services you provide?

What are the primary actions or steps undertaken to produce the aforementioned products and services?

Do the delivery of these products or services require work at customer locations?

If so, please specify the activities performed on-site (e.g., installation, maintenance, construction, security, cleaning, etc.).

Environmental and OH&S Management Systems

(ISO 14001 / ISO 45001 applicants only)

What potential risks are linked to your processes?

The main sources that could lead to injury or health issues

Please identify any hazardous materials involved in your processes.

Any substance or agent that could potentially cause harm.

Please identify any specific legal obligations related to OH&S and/or Environmental legislation.

Any duties that require you to fulfill a particular obligation.

Personnel and Locations

What is your total number of employees? : Full Time Part Time

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			
Support (e.g. HR, admin etc.)			
Product Development			
Supervisors			

Operations

(Please define additional activities/roles below and provide personnel numbers for each e.g. cleaners, security, transport, call centre, electricians, etc.)

Continue on a separate sheet if required

Do you use any subcontractors to deliver the services you provide?

Yes ☐

No ☐

If YES, please specify the extent of their involvement (e.g. manufacturing, installation, design, transport, waste) and the approximate number used at any given time.

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

Do you operate a shift system?

Yes ☐

No ☐

If YES, please specify the extent of their involvement (e.g. manufacturing, installation, design, transport, waste) and the approximate number used at any given time.

If YES how many employees work outside of normal office hours?

Please specify type activities conducted out of office hours

Do you have any other branches or satellite offices?

Yes ☐

No ☐

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

Address	Activities (e.g. accounts, admin, manufacture)	Operational Differences (e.g. differences in technology, equipment, premises etc.)	No. of Employees

Total number of Branches – Continue on a separate sheet if required

Management System Implementation

Have you produced a relevant management system?

Yes ☐

No ☐

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

Have you integrated your management system covering two or more standards?

Yes ☐

No ☐

If yes, please confirm the elements that have been integrated

Management System Documentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internal Audits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management Review	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Policy and Objectives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Improvement Mechanisms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management Support and Responsibilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your organisation currently have any registrations granted by ISO Global or other certification bodies?

Yes ☐

No ☐

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

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

Additional Information

List any legislation and / or regulation that applies to the scoped area.

Please add any other information you feel will help us provide a quotation in the box below:

If you are a new customer, how did you hear about ISO Global?

Acceptance

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

Signed	Dated



Completed

Please mail completed form to Byron@isoglobal.co.za / Tayla@isoglobal.co.za

Telephone 0615363181

Thank you for taking the time to provide this information.