



PRELIMINARY ASSESSMENT QUESTIONNAIRE

Dear Customer,

The questionnaire is designed to obtain data regarding the applicant and its applied management system, in order to determine the number of necessary audit days, and the cost of the certification. The correct and accurate completion of the questionnaire allows Procort Laboratory to correctly assess the number of audit days related to the entire certification process.

The information contained in this questionnaire will be considered confidential and will not be disclosed to a third party without the consent of the applicant.

The questionnaire will be completed by competent persons delegated by the management of the applicant.

Please answer each question. Most questions require only an answer "yes" or "no". If the question refers to an inapplicable requirement, it must be marked "NA". If there is not enough space required, additional pages may be added. These additional pages will be numbered in order as annexes and this will be mentioned in the table.

This questionnaire presents 6 Annexes, depending on the reference standard /standards for which you seek certification. Please, fill the annexes for which you seek the certification.

Please attach a copy of:

- ✓ **Organisation chart;**
- ✓ **Map processes of your organization;**
- ✓ **Registration Certificate for each of the areas of activity for which certification is requested**

Please, mark the annex you will fill in:

<input type="checkbox"/> ANNEX A - ISO 9001: 2008	<input type="checkbox"/> ANNEX B - ISO 14001:2004/EMAS
<input type="checkbox"/> ANNEX C – OHSAS 18001:2007	<input type="checkbox"/> ANNEX D - ISO 22000:2005
<input type="checkbox"/> ANNEX E - ISO IEC 20000:2005	<input type="checkbox"/> ANNEX F - ISO 27001:2013
<input type="checkbox"/> ANNEX G - ISO 28000:2007	<input type="checkbox"/> ANNEX H - ISO 50001:2011

The questionnaire accompanied by relevant Annexes and Certification Order will be sent to PROCERT LABORATORY.
telefon/fax: +4021 252 01 95

Filled in by:

NAME, SURNAME _____
FUNCTION _____ **PHONE** _____



1. Organization:
2. Information about the activity:

TOTAL NUMBER OF EMPLOYEES	
MANAGEMENT PERSONNEL	
PRODUCTIVE PERSONNEL	
AVERAGE NUMBER EMPLOYEES EXPECTED FOR THE NEXT 3 YEARS	
AUDITORS FOR QUALITY	
AUDITORS FOR ENVIRONMENT	
AUDITORS FOR OH&S	
AUDITORI FOR FOOD SAFETY	
AUDITORI FOR ENERGY	
AUDITORI FOR INFORMATION SECURITY	
WORK IN SHIFTS	DA <input type="checkbox"/> NU <input type="checkbox"/>
NUMBER OF SHIFTS	
NUMBER OF EMPLOYEES/SHIFT 1	
NACE CODES FOR THE SCOPE OF CERTIFICATION	
PRODUCTS/SERVICES SUPPLIED	
Internal clients	
External clients	
SUBCONTRACTORS/SUPPLIERS	
MEMBERSHIP OF A NATIONAL/ INTERNATIONAL CORPORATION (functions and relationships within it)	
PRODUCTION TYPE	SMALL SERIES <input type="checkbox"/> UNIQUE <input type="checkbox"/> MASS PRODUCTION <input type="checkbox"/>

3. Has your company been certified? If yes, please indicate the reference standards and the period the last audit took place?

Answer:

4. Have you received consultancy to implement the management system for which you are seeking certification? If yes, please specify the name of the consulting firm.

Answer:

5. How did you find out about the certification body - Procert Laboratory?

Answer:

6. Please specify and justify exclusions from the requirements of ISO 9001:2008?

Answer:

7. Do you perform design activities?

Answer: YES NO



8. What are the special processes involved in activities subject to certification?

Answer:

9. Specify the main processes and the operations within your organization relevant for the scope of the certification. It is recommended to attach the main process flow diagrams.

Answer:

10 Are within your organization outsourced processes? If yes, please specify below:

Answer: YES NO

Process	Subcontractor (company's name)

11. Do you want to access a group certification *?

Answer: : YES NO

12. What are organizations within the group seeking a group certification?

Answer:

13. Do you want an integrated certification audit to be performed *?

Answer: YES NO

14. When did you perform the last internal audit and the last management review?

Answer: Data of internal audit:

Data of management review:

15. When do you want the certification audit to be performed? Month Year

16. Are there special conditions of security in your organization?

Answer: YES NO

If you require a separate audit for the management systems, please specify the period.

* A group certification can be obtained when one of the following conditions are met:

- One of the shareholders is common for organizations seeking group certification;
- The organizations have a similar management system;
- The products and services provided are identical or comparable and are included in the scope of certification



Annex A – ISO 9001

1. List of authorizations obtained:

No. crt	Type of authorization	Authority	Valid till

2. Is the activity regulated?

Answer: YES NO

3. What are the normative acts relevant to the scope of certification? Please mention them below.



Annex B – ISO 14001

1. The activities of your organization are performed under:

- environmental statement
- environmental authorization
- environmental agreement
- authorization for water management
- other authorizations

2. What are the raw materials the company uses?

3. What are utilities used in order to perform the activities (energy, water, gas etc ...)?

4. What is the potential environmental impact of the activities you carry out?

- Water pollution
- Soil pollution
- Air pollution
- Depletion of natural resources
- Noise pollution

5. What is the result of last inspection done by the competent environmental authorities?

6. What are the environmental normative acts relevant to the scope of certification? Please mention them below.

Please attach a copy of the environmental permits and other authorizations held by the organization, as mentioned at point 1



Annex C – OHSAS 18001

1. List of authorizations obtained

No. crt	Type of authorization	Authority	Valid till

2. How is organized the service of prevention and protection?

- internal prevention and protection service
- designated responsible
- outsourced

3. What is the number of jobs which are the main jobs within the organization?

4. What are hazardous materials used by the organization?

5. What are the main potential risks to which employees are exposed?

6. How would you qualify the level of risk associated with the activities performed by the organization for which you seek the certification?

- Low Average High

7. What is the result of last inspection done by the competent authorities?

8. What are the occupational health and safety normative acts relevant to the scope of certification? Please mention them below.