



QUALITY MANAGEMENT SYSTEM QUESTIONNAIRE (ISO 9001)

Please complete this questionnaire and attach any relevant supporting information describing the Company's scope of operation, e.g. Company brochures or publicity material.

1) Company Name :

2) Address :
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Telephone:.....Fax:.....E-Mail:.....

Contact :

Management Representative:.....

3) What is the total number of employees:

Directors / Partners:

Managers:

Staff:

Total Workforce:

Trainees:

Contractors:

Relationship with larger corporation if any :

Note: Please advise any shift arrangements :

(Please attach company organization chart)

3) The desired scope of the certification and standard seeking certification:

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4) Use of consultancy to set up the management system? YES / NO



If yes, please specify name of the consultant:

- 5) Are there any activities covered by your scope carried out away from the registration address(es), e.g. depots, warehouses, temporary sites or offices, which is covered in the system? YES / NO

If there are, please give a list of permanent/ temporary sites describe activities, address(es) as appropriate and staff numbers.

- 6) Please give a list of key processes on site and relevant legal obligations.

- 7) Please give a list of all outsourced processes/activities that affect the management system (if any)

- 8) Have you completed a management review? YES / NO

- 9) Have you completed an Internal Audit? YES / NO

- 10) Is your QMS integrated with:
 - (a) Health & Safety YES / NO
 - (b) EMS YES / NO
 - Other



11) Effective implementation date of the QMS

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12) Please list any attachments, (i.e. Policy, Company Brochures, and Manual etc.)

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Position in Company:..... Date :.....

Signed: Print Name: