

# Questionnaire



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

<b>New Customer</b>	<input type="checkbox"/>	New registration
	<input type="checkbox"/>	Transfer of registration from another certification body

<b>Existing Customer</b>	<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 of registration from another certification body

## Standard(s) applicable (please indicate as appropriate)

ISO 9001

ISO 14001

ISO 45001

ISO 27001

ISO 22301

Other

<b>ISO 45001 Applicants Only</b>		SSiP Required?		YES	NO
Supplier Category (please indicate as appropriate)					
<b>Construction Contractor</b>	<input type="checkbox"/>	<b>Principal Contractor</b>	<input type="checkbox"/>	<b>Principal Designer</b>	<input type="checkbox"/>
<b>Designer</b>	<input type="checkbox"/>	<b>Group</b>	<input type="checkbox"/>	<b>Non-Construction</b>	<input type="checkbox"/>

Name of Company or Organisation		Companies House No.	
Address		Postcode	
Telephone No.		Fax No.	
Email		Website	
Contact		Position	

## Section 1 - Business Activities

### 1 What is the proposed scope of certification?

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

### 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?

**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.)

## Section 2 - Environmental and OH&S Management Systems

ISO 14001/ISO 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 relevant to 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
<b>Management</b>			
<b>Sales</b>			
<b>Finance</b>			
<b>Support (e.g HR, admin etc)</b>			
<b>Product Development</b>			
<b>Supervisors</b>			
<b>Operations</b> (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

**10 Do you utilise any subcontractors to deliver the services you provide?**  
 If YES, please give details as to what extent you use them (e.g. manufacture, installation, design, transport, waste) and approximately how many are used at any one time.

YES                      NO

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 the type of activities conducted out of office hours:

**12 Effective Personnel**  
 Please indicate personnel numbers per activity/role in the organisation.

Address	Activities (e.g. accounts, admin, manufacture)	Operational Differences (e.g. differences in technology, equipment, premises etc)	No. of employees
<b>Total number of branches</b> Continue on a 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** Have you integrated your management system covering two or more standards?

If YES, please confirm the elements that have been integrated.

	YES	NO
Management System Documentation	YES	NO
Internal Audits	YES	NO
Management Review	YES	NO
Policy and Objectives	YES	NO
Improvement Mechanisms	YES	NO
Management Support & Responsibilities	YES	NO

**15** Does your organisation currently have any registrations granted by ISOQAR or other certification bodies?

(For transfers, copies of certificates and last audit reports will be requested)

YES NO

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

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

## Section 5 - Additional Information Requested for ISO 27001 Quotations

Please tick the box that most closely describes the scope of the Information Security Management Systems for which you are applying.

	Low	Medium	High
<b>Amounts of confidential or sensitive information dealt with in the scoped area</b>	Only little sensitive or confidential information (staff records and some business information)	Some sensitive/confidential information or (small amounts of customer or third-party information – names and addresses for mailing purposes etc.)	Higher amount of sensitive or confidential information (e.g. health, personally identifiable information, insurance, banking)
<b>Number of processes covered in the scoped area</b>	Only one key business process with few interfaces and few business units involved	2-3 simple business processes with few interfaces and few business units involved	More than 2 complex processes with many interfaces and business units involved
<b>Number of “assets” within the scoped area</b>	Few critical assets (fewer than 10 servers or networks)	Some critical assets (over 10 but fewer than 50 servers or networks)	Many critical assets (over 50 servers or networks over multiple locations)
<b>Level of outsourcing (including work done by other departments within the organisation but not in scope)</b>	No outsourcing or outsourcer has a certified ISMS	Some functions such as facilities, payroll or development	Major use of cloud or other systems such as outsourced IT
<b>Level of development of computer systems (coding etc.)</b>	No in-house development	Occasional	Frequently
<b>Disaster recovery sites</b>	No need, office hours only or VPN	Single site	Multiple sites

## Section 6 - Additional Information

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

**18** If you are a new customer, how did you hear about ISOQAR?

**19** Is there any additional information you feel may help us prepare your quotation?

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

Signed	Date

Thank you for taking the time to provide this information.

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