

EnMS - ISO 50001 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 A CUBE TIC LIMITED 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 A CUBE TIC'S?

REFERRAL FROM CONSULTANTS?	YES	NO
A CUBE TIC LIMITED WEB SITE?	YES	NO
DIRECT CONTACT FROM A CUBE TIC LIMITED 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	SCOPE EXTENSION
<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 COMPLETE THE SUPPLEMENTARY QUESTIONNAIRE WHICH WILL BE SENT TO YOU. IF "NO" PLEASE PROCEED TO SECTION 2, 3,4 AND 5	
PLEASE DESCRIBE THE COMPANY'S BUSINESS ACTIVITY (SCOPE)				
<p>Note:</p> <p>All EnMS scopes should be documented following a prescribed nomenclature: Operation of the Energy Management System for the Factory at XXXXX that carries out: "YYYY"</p> <p>Where XXXX is the FULL ADDRESS of the factory and YYYY is the full description of the activities, process carried out at the site, which are included within the boundaries of the scope of the company EnMS.</p> <p>For multi-site projects, the scope should be worded as follows:</p> <p>Operation of the Energy Management System for the Head Office at XXXXX that carries out: "YYYY" , for the Factory at XXXXX that carries out "YYYYY" , and the Factory at XXXXX that carries out "YYYYY"</p>				

SECTION 3: EMPLOYEES/WORK FORCE

EFFECTIVE PERSONNEL	
EVEN THOUGH A MANAGEMENT SYSTEM IS A COMPANY WIDE DOCUMENT IT IS LIKELY THAT NOT ALL COMPANY PERSONNEL ARE ACTIVELY INVOLVED ON A DAY-TO-DAY BASIS. TO ALLOW US TO UNDERSTAND THE RELEVANT NUMBER OF EFFECTIVE PERSONNEL INVOLVED PLEASE IDENTIFY IN THE SECTION ABOVE THE TOTAL NUMBER WHO ACTIVELY PERFORM/IMPLEMENT ACTIVITIES WITHIN THE ENMS INCLUDING AT LEAST THE FOLLOWING	
TOTAL NUMBER OF STAFF	

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PERSONNEL WHO MATERIALLY IMPACT THE ENERGY PERFORMANCE AND THE EFFECTIVENESS OF THE ENMS	Number of the person(s) <i>Person(s) shall not be double counted</i>
TOP MANAGEMENT	
ENERGY MANAGEMENT TEAM AND RESPONSIBLE FOR THE EFFECTIVENESS OF THE ENMS	
PERSONS RESPONSIBLE FOR SIGNIFICANT ENERGY USE ACTIVITIES	
PERSON(S) RESPONSIBLE FOR DEVELOPING, IMPLEMENTING OR MAINTAINING ENERGY PERFORMANCE IMPROVEMENTS, INCLUDING OBJECTIVES, ENERGY TARGETS AND ACTION PLANS	
PERSON(S) RESPONSIBLE FOR PROCUREMENT RELATED TO ENERGY PERFORMANCE	
PERSON(S) RESPONSIBLE FOR DEVELOPING AND MAINTAINING ENERGY DATA AND ANALYSIS	
PERSON(S) RESPONSIBLE FOR PLANNING, OPERATING AND MAINTAINING THE PROCESSES RELATED TO THE SEUS INCLUDING DURING SEASONAL OPERATIONS (E.G. HARVESTING ACTIVITIES, HOTELS) AS APPROPRIATE	
PERSON(S) RESPONSIBLE FOR DESIGN WHICH AFFECTS ENERGY PERFORMANCE	

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 3 – ENERGY USE DETAILS *(If more than 4 areas/activities are involved please add rows to the table)*

BASED ON THE DECLARED SCOPE OF BUSINESS ACTIVITY (SECTION 1) AND ANY SITE PROVIDED SUPPORT FACILITIES/ACTIVITIES (CANTEEN ETC) PLEASE COMPLETE THE FOLLOWING TABLE

AREA/ACTIVITY	SIGNIFICANT ENERGY USE PROCESSES INVOLVED	ENERGY TYPE (Electricity, Steam, Gas, LPG, Fuels, Water etc.)	ENERGY CONVERSION (Process of changing energy from one form to another)	TOTAL ANNUAL CONSUMPTION (Expressed in appropriate units)

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SECTION 4 – MANAGEMENT SYSTEM DETAILS

APPROXIMATELY HOW LONG HAS THE ENMS BEEN IMPLEMENTED FOR?			
WAS THE ENMS DEVELOPED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? (IF BY A CONSULTANT PLEASE PROVIDE THE CONSULTANT'S OR CONSULTANT COMPANY NAME)			
IF THE ENQUIRY INVOLVES MULTI-SITE ARE ALL SITES COVERED BY THE SAME ENMS?	YES	NO	NOT APPLICABLE
HAS YOUR COMPANY BEEN PROVIDED WITH TRAINING BY ANY A CUBE TIC WITHIN THE LAST 2 YEARS? (IF "YES" PLEASE PROVIDE DETAILS)			

IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3RD PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW?

9001		50001		45001		22000		27001		13485	
IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY INVOLVED											

SECTION 5 – 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 ACT information published on the Certification Body's website. The data provided will be processed for the purpose of technical / economic offer formulation.

I authorize A CUBE TIC LIMITED 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	

We inform you that, as a data subject, you have the right to withdraw your consent for one or more processing purposes at any time. This revocation, however, in no way affects the lawfulness of the processing carried out by us on the basis of the consent you have previously granted us.

**PLEASE RETURN COMPLETED QUESTIONNAIRE TO A CUBE TIC Limited
OR TO YOUR LOCAL A CUBE TIC LIMITED's OFFICE**

A CUBE TIC LIMITED: Unit 5, Middle Bridge Business Park, Bristol Road, Portishead, BS 20 6PN, UK
Tel: +44 - 01275 397423; E-mail: K.Bashar@acubetic.com

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SECTION 6 – AUDITOR CONFIRMATION (A CUBE TIC LIMITED USES ONLY)

TO BE COMPLETED BY THE APPOINTED A CUBE TIC LIMITED 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 A Cube TIC Limited's office Accreditation Review Officers 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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