

FSMS - ISO 22000 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 <input type="checkbox"/>	NO <input type="checkbox"/>
A CUBE TIC LIMITED WEB SITE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DIRECT CONTACT FROM A CUBE TIC LIMITED PERSONNEL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADVERTISING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ACCREDITATION BODY WEB SITE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 2 – HEAD OFFICE/MAIN SITE DETAILS

TYPE OF APPLICATION	NEW <input type="checkbox"/>	RE ASSESSMENT <input type="checkbox"/>	TRANSFER <input type="checkbox"/>	SCOPE EXTENSION <input type="checkbox"/>
<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 <input type="checkbox"/>	NO <input type="checkbox"/>	IF "YES" PLEASE ALSO COMPLETE SECTION 8 OF THIS QUESTIONNAIRE.	
PLEASE DESCRIBE THE COMPANY'S BUSINESS ACTIVITY (SCOPE)				

SECTION 3: EMPLOYEES/WORK FORCE

TOTAL NUMBER OF STAFF	
NUMBER OF PART TIME STAFF	
TOTAL NUMBER OF OFFICE STAFF	
TOTAL NUMBER OF PRODUCTION/SERVICE STAFF	
NUMBER OF EMPLOYEES WORKING OFF SITE	
NUMBER OF EMPLOYEES SEASONAL WORK (IF ANY)	

FSMS - ISO 22000 CERTIFICATION QUESTIONNAIRE



SHIFT WORK

IS SHIFT WORK OPERATED ON THE SITE OR SITES INVOLVED IN THIS ENQUIRY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF "YES" - HOW MANY SHIFTS?		
TOTAL NUMBER OF STAFF ON EACH SHIFTS		
ARE THE ACTIVITIES OF EACH SHIFT IDENTICAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF "NO" PLEASE DETAIL THE DIFFERENT ACTIVITIES BETWEEN EACH SHIFT		
PLEASE PROVIDE THE SHIFT START AND FINISH TIMES		

SECTION 4 – PROCESS DETAILS

Based on the declared scope of Business and number of employees, please complete below

PLEASE DETAIL ANY CRITICAL FOOD SAFETY RISKS YOU HAVE IDENTIFIED						
HOW MANY HACCP PLANS DO YOU OPERATE?						
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6+ <input type="checkbox"/>
WHAT SIZE IS YOUR PRODUCTION FACILITY						
0-99 m2 <input type="checkbox"/>	100-999 m2 <input type="checkbox"/>	1000-4999 m2 <input type="checkbox"/>	>5000 m2 <input type="checkbox"/>			
PLEASE PROVIDE DETAIL OF ANY OUTSOURCED PROCESSES						
PLEASE PROVIDE DETAILS OF ANY LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES						

FSMS - ISO 22000 CERTIFICATION QUESTIONNAIRE



PLEASE DESCRIBE ANY TEMPORARY OFF SITE INSTALLATION/SERVICE ACTIVITIES (IF APPLICABLE)	
HOW MANY INSTALLATION/SERVICE SITES ARE IN OPERATION?	

SECTION 5 – MANAGEMENT SYSTEM DETAILS

WAS THE FSMS DEVELOPED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? <i>(If by a consultant please provide the Consultant's OR Consultant company name)</i>											
IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3 RD PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW?											
14001	<input type="checkbox"/>	45001	<input type="checkbox"/>	27001	<input type="checkbox"/>	22000	<input type="checkbox"/>	13485	<input type="checkbox"/>	others	<input type="checkbox"/>
IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY INVOLVED										<input type="checkbox"/>	

SECTION 6 – 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
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