

# 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 <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"/>
REASON FOR TRANSFER (WHEN APPLICABLE)				
(if this is a transfer, please provide the valid certificate and previous reports of the current 3-year certification cycle)				
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 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)				

## SECTION 3: EMPLOYEES/WORK FORCE

<b>EFFECTIVE PERSONNEL</b>	
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	<input type="checkbox"/>
PERSONNEL WHO MATERIALLY IMPACT THE ENERGY PERFORMANCE AND THE EFFECTIVENESS OF THE ENMS	Number of Person(s) shall not be double counted
TOP MANAGEMENT	
ENERGY MANAGEMENT TEAM AND RESPONSIBLE FOR THE EFFECTIVENESS OF THE ENMS	
PERSONS RESPONSIBLE FOR SIGNIFICANT ENERGY USE ACTIVITIES	

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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 <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 – 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)

## SECTION 5 – MANAGEMENT SYSTEM DETAILS

APPROXIMATELY HOW LONG HAS THE EnMS BEEN IMPLEMENTED FOR?	<input type="checkbox"/>
WAS THE EMS DEVELOPED/UPDATED WITH THE SUPPORT OF A CONSULTANT? <i>If yes, please provide the Consultant Company name and the Consultant name</i> ARE INTERNAL AUDITS PERFORMED BY EXTERNAL PERSONNEL? <i>if yes, please provide the name</i>	

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PLEASE NOTE THAT IT IS POSSIBLE THAT THE EXTERNAL PROFESSIONAL/CONSULTANT YOU NOMINATE, MAY HAVE A BUSINESS RELATIONSHIP WITH OUR ORGANISATION (EVEN A REMUNERATED ONE). SUCH A RELATIONSHIP DOES NOT PUT YOUR COMPANY IN AN ADVANTAGEOUS POSITION AND WILL NOT AFFECT THE CERTIFICATION PROCESS.

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 3<sup>RD</sup> PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW?

9001	<input type="checkbox"/>	50001	<input type="checkbox"/>	45001	<input type="checkbox"/>	22000	<input type="checkbox"/>	27001	<input type="checkbox"/>	13485	<input type="checkbox"/>
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IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY INVOLVED

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## SECTION 6 – CONTACT INFORMATION

### PRIVACY

BY SIGNING THIS FORM, YOU DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.

YOU ALSO DECLARE THAT YOU HAVE READ THE A CUBE TIC LTD INFORMATION NOTICE PUBLISHED ON THE COMPANY'S WEBSITE, THAT YOU HAVE READ THE INFORMATION CONTAINED THEREIN AND THAT YOU GIVE YOUR FREE AND INFORMED CONSENT TO THE FOLLOWING TYPES OF PROCESSING:

A. PROCESSING OF PERSONAL DATA FOR MARKETING, DIRECT SALES AND MARKET RESEARCH PURPOSES

☐ I CONSENT ☐ I REFUSE CONSENT

B. COMMUNICATION OF PERSONAL DATA TO OTHER COMPANIES IN THE A CUBE TIC LTD GROUP

☐ I GIVE CONSENT ☐ I REFUSE 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 Ltd 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

## SECTION 7 – 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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