

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?								NO	
DIRECT CONTACT FROM A CUBE TIC LIMITED PERSONNEL?								NO	
ADVERTISING?								NO□	
ACCREDITATION BODY WEB SITE							YES□	NO□	
SECTION 2 – HEAD OFFICE/MAIN									
TYPE OF APPLICATION NEW RE ASSESSMENT TRANSFER SCOPE							E EXTENSION 🗖		
REASON FOR TRANSFER (WHEN									
(if this is a transfer, please provide the valid	d certificate and	l prev	vious reports of the c	urre	nt 3-year certification o	cycle)			
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 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/SERV									
NUMBER OF EMPLOYEES WORKING OF									
NUMBER OF EMPLOYEES SEASONAL WO	NUMBER OF EMPLOYEES SEASONAL WORK (IF ANY)								
SHIFT WORK									

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IS SHIFT WORK OPERATED ON THE SITE OR SITES INVOLVED IN THIS ENQUIRY?

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NO 🗆

YES 🖵



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 4 – PROCESS DETAILS			
Based on the declared scope of Business and number of employees, please complete below	,		
PROCESSES INVOLVED	EMPLOYEE NUMBERS		
PLEASE PROVIDE DETAIL OF ANY OUTSOURCED PROCESSES/SUB PROCESSS	NUMBER OF OUTSOURCERS /SUB		
Enter on the right the number of companies or freelancers generally used	CONTRACTORS (companies) USED/INVOLVED		
DI FACE DECCRIDE ANIVERMONADA DA OFFICITE INICTALIA ATIONI (CENTRALE ACTIVITATE (IF ADDITIONE)			
PLEASE DESCRIBE ANY TEMPORARY OFF SITE INSTALLATION/SERVICE ACTIVITIES (IF APPLICABLE)			
LION/MANIVINISTALLATION/SEDVICE SITES ARE IN ORDERATION?			
HOW MANY INSTALLATION/SERVICE SITES ARE IN OPERATION?			
SECTION 5 – MANAGEMENT SYSTEM DETAILS			
WAS THE OHSMS DEVELOPED/UPDATED WITH THE SUPPORT OF A CONSULTANT? If yes	please provide the Consultant Compan		

ARE INTERNAL AUDITS PERFORMED BY EXTERNAL PERSONNEL? if yes, please provide the name

name and the Consultant name

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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.											
PLEASE DETAIL THE SIGNIFICANT OCCUPATIONAL HEALTH & SAFETY HAZARDS YOU HAVE IDENTIFIED											
PLEA	PLEASE PROVIDE DETAILS OF THE LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES										
DET											
DET	AIL ANY HE	:ALIH AND	SAFETY PR	OSECUTIO	NS OR WAF	RNING NOT	CES OR SE	-RIOUS INC	IDENT IN T	HE LAST 3	YEARS
IS YOUR CO	OMPANY AI	READY CEI	RTIFIED BY	AN ACCRE	DITED 3RD	PARTY CER	TIFICATION	N BODY IN A	ANY OF TH	IE STANDAF	RDS BELOW?
9001		14001		27001		22000		13485		others	
IF "YES" PLE INVOLVED	F "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY NVOLVED										
SECTION	SECTION 6 – CONTACT INFORMATION										
						ACY					
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	NAME			SIGNA	SIGNATURE						
POSITION					DATE	DATE OF COMPLETION					
EMAIL AD	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 7 – AUDITOR CONFIRMATION (A CUBE TIC LIMITED USES ONLY)

TO BE COMPLETE RECERTIFICATION/EX		APPOINTED JDIT ARISING F	A CUBE TIC LIMITED ROM ENQUIRY AND PRE			STAGE 1 OR	
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		

SECTION 8 - MULTISITES ONLY

SITE ADDRESS	ACTIVITIES INVOLVED (SCOPE)	TOTAL EMPLOYEE	SHIFT WORK YES/NO	START AND END TIME OF EACH SHIFT

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