

QMS - ISO 9001 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)				
<i>(if this is a transfer, please provide the valid certificate and previous reports of the current 3-year certification cycle)</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)	

SHIFT WORK

IS SHIFT WORK OPERATED ON THE SITE OR SITES INVOLVED IN THIS ENQUIRY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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

PROCESSES INVOLVED	EMPLOYEE NUMBERS
PLEASE PROVIDE DETAIL OF ANY OUTSOURCED PROCESSES/SUB PROCESSSS <i>Enter on the right the number of companies or freelancers generally used</i>	NUMBER OF OUTSOURCERS /SUB CONTRACTORS (companies) USED/INVOLVED
PLEASE PROVIDE DETAILS OF ANY LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES	
PLEASE DESCRIBE ANY TEMPORARY OFF SITE INSTALLATION/SERVICE ACTIVITIES (IF APPLICABLE)	
HOW MANY INSTALLATION/SERVICE SITES ARE IN OPERATION?	

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SECTION 5 – MANAGEMENT SYSTEM DETAILS

WAS THE QMS DEVELOPED/UPDATED WITH THE SUPPORT OF A CONSULTANT? *If yes, please provide the Consultant Company name and the Consultant name*

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

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.

ARE THERE ANY CLAUSES OF ISO 9001 THAT ARE NOT APPLICABLE WITHIN YOUR SCOPE OF WORK? *Please provide details*

YES ☐

NO ☐

CLAUSE	JUSTIFICATION

IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3RD 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"/>
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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.

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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

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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SECTION 8 - MULTISITES ONLY

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