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Dear client,

As an accredited certification body for management systems, we require up-to-date information on your company for the preparation of offers and for the planning and preparation of certification, extension and recertification audits. Please support us in this matter in order to ensure a smooth certification process for your management system.


We kindly ask you to fill in the questionnaire including standard-specific attachments and to enclose the required evidence as an attachment.

If we do not receive any feedback from you, we assume that nothing has changed since the last certification cycle. Should we find that the information is not correct or that changes have occurred, this may require a new calculation of efforts and prices.

General information (Only main location / Company headquarters)					
Company with legal form					
Street					
Postcode	City	Country		India	
Contact (First / Second Name)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.			
Telephone	Internet				
Telefax	E-Mail				
Sector					
Comp. Reg. No.	GST No.				
FSSAI Licence No.	PAN No.				
	TAN No./Reg. No				

For further locations please fill in Page 4

1. No. of employees at the location		(if appropriate, total employees employed in the corporation, group etc.)	
Total no. of employees		of which no. of employees in part time	
in addition, no. of AÜG *) employees *) temporary employees from employment agencies		of which no. of minor employees	
of which no. of trainees		of which no. of employees in shift working	
Number of unskilled employees (low paid)		Number of Shifts	

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## 2. Which certification do you require?

Certification	Re-Certification	Transfer	Extension	Pre-audit
<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001*	<input type="checkbox"/> ISO 50001*	<input type="checkbox"/> ISO 45001*	<input type="checkbox"/> FAMI-QS
<input type="checkbox"/> FSSC 22000	<input type="checkbox"/> ISO 27001*	<input type="checkbox"/> BS 10012	<input type="checkbox"/> ISO 21001	<input type="checkbox"/> ISO 22000*
<input type="checkbox"/> EN 9100	<input type="checkbox"/> HACCP	<input type="checkbox"/> BRC*	<input type="checkbox"/> ISO 29990	
<input type="checkbox"/> Others:	<input type="checkbox"/>			

\*) Please fill in annexes

## 2a Accreditation Desired


EGAC \*\*     Others

\* (For ISO 9001, ISO 14001, OHSAS 18001/ISO 45001, ISO 22000, ISO 50001 only)

\*\* (For HACCP only)

## 3. Factors which can influence the time needed for the audit

In-house development? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low process risk	<input type="checkbox"/> Mature Management System	<input type="checkbox"/> Family-owned company or simple processes
<input type="checkbox"/> Large variety of regulations	<input type="checkbox"/> High process risk	<input type="checkbox"/> Large location with small no. of employees	<input type="checkbox"/> Small location with large no. of employees
<input type="checkbox"/> High level of automation	<input type="checkbox"/> Identical activities on all shifts	<input type="checkbox"/> Large no. of people with unique activities	<input type="checkbox"/> Large no. of people who work "off location"
Did a consultant support you?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Consulting firm		Contact	
Have you received In house-Trainings from a company of the ICS GROUP?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Training Provider		Contact	
When do you plan your audit?			
Do you have outsourced processes?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, which?    NA


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#### 4. Which kind of certification do you require?(Multiple choice possible)

<input type="checkbox"/> Single certification	All locations will be certified separately	
<input type="checkbox"/> Matrix certification	All locations will be certified as one group	
<input type="checkbox"/> Combined / Integrated certification	By certification of two or more management systems at the same time, we can use synergies to reduce the time of the audit	
Do you want to have an integrated audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to have a Remote Audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the necessary infrastructure for a Remote Audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5. Requirements for Remote Audits (Multiple selection possible) -

Computer with Internet access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conferencing tools (WebEx, Skype for Business, Zoom, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Webcam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Good audio equipment (microphone, speakers, headset, telephone, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Secure and stable internet connection (LAN, WLAN), also in all areas of the production facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are specific security requirements in the client organization, the client is responsible for providing a secure internet connection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the information security measures for the remote audits comply with legal requirements, statutory, regulatory or contractual obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do the information security measures of the equipment used for the remote audits correspond to the state of the art, e.g. the requirements of ISO 27002, GER BSI baselineprotection or an analogous standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you offer encrypted communication for remote audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the people responsible for the remote audit familiar with the information security settings for running remote audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## 6. In case of integrated audits: How high is your level of integration? -

Please fill in following points for certification at the same time:

An integrated documentation set, including procedures and work instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management Reviews that cover the overall business strategy and plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to internal audits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to policy as well as targets and objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to system processes (process descriptions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Integrated management support and responsibilities (common management representatives)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 7. Information for transfer of certificates –

Are the audit reports from the last certification period available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any non conformities from the previous audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all nonconformities from the previous audit closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Why do you want to change the certification body? body		


**Note: In case of an assignment for the transfer of a certification, please attach all issued and transfer-relevant certificates of the previous certification body, all transfer-relevant audit reports from the last certification period and all non-conformity reports from the last certification period.**

## 8. Existing Certifications -

Please list all your existing certifications here.

Certificate number	Standard / Directive etc.	Certification Body	Date of initial certification audit	Valid until

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<b>9.Scope / Business operation to be certified</b>

<b>10. In case of Manufacturing Company Explain hazards related to Manufacturing Products ( ISO 45001:2018)</b>

<b>11. Any further information you think may be important for us?</b>

<b>12. Documents to be submitted for the preparation of the offer and for the preparation for the (re-)certification or extension audit</b>
<p>Documents for the preparation of the offer</p> <p><input type="checkbox"/> professional or commercial register entry (or comparable evidence), if applicable</p> <p><input type="checkbox"/> organization chart/organization structure</p> <p>Documents for planning the (re)certification or extension audit (These documents are to be sent to the lead auditor before the audit.)</p> <p><input type="checkbox"/> company policy</p> <p><input type="checkbox"/> management system documentation</p> <p><input type="checkbox"/> management review</p> <p><input type="checkbox"/> audit program and report of internal audits</p> <p><input type="checkbox"/> standard-specific evidence, if applicable (e.g.: environmental permits, accident statistics, energy report).</p>

We confirm all information and agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

\_\_\_\_\_


Place/Date

\_\_\_\_\_

Name

\_\_\_\_\_

Signature \*)


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\*) If sending by email, the sender's address will be accepted

## TO be filled in case of Multisite for each location -

<b>Location No.</b> <input style="width: 50px;" type="text"/>				
Temporary location	<input type="checkbox"/> Constr. site	<input type="checkbox"/> Project:		
Outsourced process	<input type="checkbox"/> Store	<input type="checkbox"/> Others:		
<b>General informationen</b>				
Company with legal form				
Street				
Postcode	City		Country	
Contact (First / Second Name)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.		
Function	<input type="checkbox"/> QR	<input type="checkbox"/> other		
Telephone		Internet		
Telefax		E-Mail		
Sector				
Comp. Reg. No.		VAT No.		
<b>No. of employees at the location</b>				
Total no. of employees		of which no. of employees in part time		
in addition, no. of AÜG *) employees *) temporary employees from employment agencies		of which no. of minor employees (450€-Basis)		
of which no. of trainees		of which no. of employees in shift working		
Number of unskilled employees (low paid)		Number of Shifts		
<b>Scope / Business operation to be certified</b>				
(for example: "Development, manufacture and sale of...", "Trade with..." etc.; Special feature with IATF 16949: <u>activities adding value</u> and product development, if applicable)				


If further locations are to be included, please copy this page and complete.

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Please complete this questionnaire for each location, if necessary attach additional information as an attachment. ( ISO 14001 & 45001

### 1. What is the environmental impact of the company (or location)?

Environmental aspects	True	Explanations
<b>Emissions to the air</b> <i>(e.g. Carbondioxide, solvents, NOx, SO<sub>2</sub>, dust, etc.)</i>	<input checked="" type="checkbox"/>	
<b>Water extraction from surface waters / groundwater</b> <i>(e.g. from river, lake, well etc.)</i>	<input checked="" type="checkbox"/>	
<b>Direct discharge of wastewater</b>	<input checked="" type="checkbox"/>	
<b>Storage and / or transport of hazardous substances / dangerous goods</b>	<input checked="" type="checkbox"/>	
<b>Self-generation of energy</b>	<input checked="" type="checkbox"/>	
<b>Use and contamination of soil</b>	<input checked="" type="checkbox"/>	
<b>Generation, recycling, reuse, transport and disposal of waste, in particular of hazardous waste</b>	<input checked="" type="checkbox"/>	
<b>Dangers of environmental impacts that may arise from incidents and potential emergency situations</b>	<input type="checkbox"/>	
<b>Impact on biodiversity</b>	<input type="checkbox"/>	
<b>Local phenomena</b> <i>(Noise, vibrations, odors, aesthetic impairments, etc.)</i>	<input checked="" type="checkbox"/>	

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**2. Please tick the appropriate box if your company belongs to one of the following branches (multiple choice possible)**

**- Industry of basic metals, fabricated metal products, machinery and equipment -**

- Production of basic metals
  Electroplating
  Welding  
 Surface or other chemical treatment of metal products
  Coating

**- Industry of rubber and plastic products -**

- Manufacture of plastic and rubber raw materials

**- Industry of electrical and optical equipment -**

- Manufacture of printed circuit boards without components
  Manufacture of electronic components

**- Electricity supply -**

- Energy generation with nuclear power
  Electricity generation based on coal

**- Industry of pulp, paper and paper products -**

- Paper recycling
  Manufacture of pulp / cellulose

**- Printing companies -**

- Photogravure, rotogravure, reproduction of recording media

**- Industry of textiles and textile products -**

- Dyeing of textiles and clothing
  Tanning of leather

**- Industry of non-metallic mineral products -**

- Processing and manufacture of ceramics
  Processing and manufacture of glass  
 Processing and manufacture of cement
  Processing and manufacture of clay, lime

**- Wholesale and retail trade -**

- Wholesale and retail trading with fossil fuels

**- Transport, storage -**

- Own vehicle fleet administration


**- Industry of wood and wood products -**

- Manufacture of wood planks
  Treatment/impregnation of wood and wood product

**- Industry of disposal and recycling -**

- Composting
  Waste dumps
  Waste processing including special waste, e.g. through incineration etc.



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**3. Do you have plant and machinery on site that requires a permission?  
If yes, which and according to which legal basis?**

Yes	List of approved plant and machinery
<input type="checkbox"/>	

**4. Do you have plant and machinery on site that are relevant to the environment and Safety?**

Yes	List of plant and machinery that are relevant to the environment
<input type="checkbox"/>	

We herewith confirm the completeness and accuracy of the information given above and in any annexes which may be attached. We agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

\_\_\_\_\_

Place/Date
Name, Function
(Signature\*)

\*) If sending by email, the sender's address will be accepted