

# Questionnaire



For a formal written quotation of audit fees, please complete in detail and forward to our office.

New Customer

|  |  |
| --- | --- |
|  | New registration |
|  | Transfer of registration from another certification body |

|  |  |
| --- | --- |
|  | Extend the scope / locations of your current registration |
|  | Add a new standard to your registration |
|  | Transfer a registration from another certification body |

**Standard(s) applicable** (please indicate as appropriate)

Existing Customer

ISO 9001 ISO 14001 OHSAS 18001 ISO 45001 ISO 27001 ISO 22301

Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **South African National Accreditation System (SANAS) Yes No**  **United Kingdom Accreditation Service (UKAS)**  **Supplier Category** (please indicate as appropriate) | | | | | |
| **Construction Contractor** |  |  |  | **Principal Designer** |  |
| **Designer** |  | **Group** |  | **Non-Construction** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Company or Organisation** | | |  | | |
| **Address:**  **Postcode:** | | | | | |
| **Companies House No.** | |  | | | |
| **Telephone No.** |  | | | **Fax No.** |  |
| **Email** |  | | | **Website** |  |
| **Contact** |  | | | **Position** |  |

## Section 1 – Business Activities

What is the proposed scope of certification?

**1**

Description of the products and services you offer to your customers.

What are the main processes carried out to deliver the products and services you offer?

What are the main actions or steps taken in order to produce the above products and services?

**2**

Does providing these products or services involve working at customer sites?

If yes, please tell us what you do on site (e.g. installation, maintenance, construction, security, cleaning etc.)

**3**

Continue on a separate sheet if required

## Section 2 –



**Environmental and OH&S Management Systems**

(ISO 14001 / OHSAS 18001 / ISO 45001 applicants only)

What are the risks associated with your processes?

**4**

The main sources with a potential to cause injury and ill health.

What are your significant environmental aspects?

Elements of your activities, products or services that interact with, and can have a significant impact on, the environment.

**5**

Please identify any hazardous materials used in your processes?

Any item or agent which has the potential to cause harm.

**6**

Please identify any specific legal obligations relevant to OH&S and/or Environmental legislation?

Any obligations requiring you to perform a specific duty.

**7**

## Section 3 – Personnel and Locations

8 What is your total number of employees?

Full Time

|  |  |  |
| --- | --- | --- |
|  | **Part Time** |  |

Effective personnel

**9**

Please indicate personnel numbers per activity / role in the organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity / Role** | **Full Time** | **Part Time** | |
| **Numbers** | **Avg. Hours p/week** |
| **Management** |  |  |  |
| **Sales** |  |  |  |
| **Finance** |  |  |  |
| **Support (e.g. HR, admin etc.)** |  |  |  |
| **Product Development** |  |  |  |
| **Supervisors** |  |  |  |
| **Operations** (Please define additional activities/roles below and provide personnel numbers for each e.g. cleaners, security, transport, call centre, electricians, etc.) | | | |
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Do you utilise any subcontractors to deliver the services you provide?

**10**

If YES, please give details as to what extent you use them (e.g. manufacture, installation, design, transport, waste) and approximately how many are used at any one time.

Yes No

|  |  |  |
| --- | --- | --- |
| **Subcontractor Activity / Role** | **Numbers utilised at any one time (on average)** | **Avg. Hours p/week** |
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11 Do you operate a shift system?

Yes No

|  |  |
| --- | --- |
| **If YES how many employees work outside of normal office hours?** |  |
| **Please specify type activities conducted out of office hours** | |
|  | |

Do you have any other branches or satellite offices?

**12**

If you do, please tell us where they are and approximate numbers employed at each branch.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** | **Activities (e.g. accounts, admin, manufacture)** | **Operational Differences (e.g. differences in technology, equipment, premises etc.)** | | **No. of Employees** |
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| **Total number of Branches – Continue on a separate sheet if required** | | |  | |

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**Section 4 – Management System Implementation**

Have you produced a relevant management system?

**13**

Yes No

**If YES, approximately how long have you been operating this system?**

Have you integrated your management system covering two or more standards?

**14**

If yes, please confirm the elements that have been integrated

Yes No

|  |  |  |
| --- | --- | --- |
| **Management System Documentation** | **Yes** | **No** |
| **Internal Audits** | **Yes** | **No** |
| **Management Review** | **Yes** | **No** |
| **Policy and Objectives** | **Yes** | **No** |
| **Improvement Mechanisms** | **Yes** | **No** |
| **Management Support and Responsibilities** | **Yes** | **No** |

Does your organisation currently have any registrations granted by ISOQAR or other certification bodies?

**15**

Yes No

(For transfers, copies of certificates and last audit reports will be requested)

**If YES, please give certificate numbers and expiry dates (if known)**

If a consultant was used to develop your management system, please give their name and company.

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**Section 5 – Additional Information Requested for ISO 27001 Quotations**

Please tick the box that most closely describes the scope of the Information Security Management Systems for which you are applying.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Low** | | | **Medium** | | | **High** | | |
| **Amounts of confidential or sensitive information dealt with in the**  **scoped area** | Only little sensitive or confidential information (staff records and some business information) | | | Some sensitive / confidential information or (small amounts of customer or third-party information – names and addresses for mailing purposes etc.) | | | Higher amount of sensitive or confidential information (e.g. health, personally identifiable information, insurance, banking) | | |
|  |  |  |  |  |  |  |  |  |
| **Number of processes covered in the scoped area** | Only one key business process with few interfaces and few business units involved | | | 2–3 simple business processes with few interfaces and few business units involved | | | More than 2 complex processes with many interfaces and business units involved | | |
|  |  |  |  |  |  |  |  |  |
| **Number of “assets” within the scoped area** | Few critical assets (fewer than 10 servers or networks) | | | Some critical assets (over 10 but fewer than 50 servers or networks) | | | Many critical assets (over 50 servers or networks over multiple locations) | | |
|  |  |  |  |  |  |  |  |  |
| **Level of outsourcing (including work done by other departments within the organisation but not in scope)** | No outsourcing or outsourcer has a certified ISMS | | | Some functions such as facilities, payroll  or development | | | Major use of cloud or other systems such as outsourced IT | | |
|  |  |  |  |  |  |  |  |  |
| **Level of development of computer systems (coding etc.)** | No in-house development | | | Occasional | | | Frequently | | |
|  |  |  |  |  |  |  |  |  |
| **Disaster recovery sites** | No need, office hours only or VPN | | | Single site | | | Multiple sites | | |
|  |  |  |  |  |  |  |  |  |

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## Section 6 – Additional Information



List any legislation and / or regulation that applies to the scoped area.

**17**

**18**

Please add any other information you feel will help us provide a quotation in the box below:

If you are a new customer,

how did you hear about ISOQAR?

**19**

**20**

Is there any additional information you feel may help us prepare your quotation?

The above details help us provide an accurate quotation. All information is treated with strict confidentiality.

|  |  |
| --- | --- |
| **Signed** | **Date** |
|  |  |

Thank you for taking the time to provide this information.

If you would prefer not to receive occasional marketing emails from us, please tick this box:

(we will not pass your details on to any other parties and you can opt out at any time in the future)

**Please mail completed form to yv@isoqar.co.za / roelofm@isoqar.co.za**

Telephone 011 394 8117

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