

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 GITCHIA 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 GITCHIA?

REFERRAL FROM CONSULTANTS?	YES/NO
GITCHIA WEB SITE?	YES/NO
DIRECT CONTACT FROM GITCHIA PERSONNEL?	YES/NO
ADVERTISING?	YES/NO
ACCREDITATION BODY WEB SITE	YES/NO

SECTION 2 – HEAD OFFICE/MAIN SITE DETAILS

TYPE OF APPLICATION	New/Re Assessment/Transfer <i>(if this is a transfer please provide the valid certificate and previous 3 year reports)</i>	
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/SERVICE STAFF	

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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/NO
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

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PLEASE PROVIDE DETAIL OF ANY OUTSOURCED PROCESSES	
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?	

SECTION 5 – MANAGEMENT SYSTEM DETAILS

WAS THE QMS DEVELOPED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? <i>(If by a consultant please provide the Consultant's OR Consultant company name)</i>											
ARE THERE ANY CLAUSES OF ISO 9001 THAT ARE NOT APPLICABLE (exclusion) WITHIN YOUR SCOPE OF WORK? <i>Please provide details</i>	Yes/No										
CLAUSE	JUSTIFICATION										
IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3 RD PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW?											
9001		14001		18001		22000		27001		13485	
IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY INVOLVED											

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SECTION 6 – CONTACT INFORMATION

PRIVACY

By signing this form, we declare that the data shown here are correct and complete. We also declare to have read the GITCHIA information published on the Certification Body's website. The data provided will be processed for the purpose of technical / economic offer formulation.

I authorize GITCHIA Europe to process personal data for marketing, direct sales and market research purposes.

I give Consent

I do not give consent

NAME		SIGNATURE	
POSITION		DATE OF COMPLETION	
EMAIL ADDRESS		PHONE NUMBER	

PLEASE RETURN COMPLETED QUESTIONNAIRE TO YOUR LOCAL GITCHIA OFFICE

SECTION 7 – AUDITOR CONFIRMATION (*GITCHIA use only*)

TO BE COMPLETED BY THE APPOINTED GITCHIA 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 GITCHIA office Certification Manager 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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