

OCS - 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/ AJA REGISTRARS GERMANY GMBH WEBSITE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DIRECT CONTACT FROM A CUBE TIC LIMITED/ AJA REGISTRARS GERMANY GMBH PERSONNEL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WEBSITE OPERATION CLEAN SWEEP/ PLASTICS EUROPE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADVERTISING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 2 – HEAD OFFICE/MAIN SITE DETAILS

STANDARD REQUIRED	NEW <input type="checkbox"/>	RE ASSESSMENT <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
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"/>
IF "YES" - HOW MANY SHIFTS?		
TOTAL NUMBER OF STAFF ON EACH SHIFTS		

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ARE THE ACTIVITIES OF EACH SHIFT IDENTICAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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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

ARE THERE ANY CLAUSES OF OCS THAT ARE NOT APPLICABLE (exclusion) WITHIN YOUR SCOPE OF WORK? <i>Please provide details</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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CLAUSE	JUSTIFICATION

POCESSES INVOLVED	EMPLOYEE NUMBERS

PLEASE PROVIDE DETAIL OF ANY OUTSOURCED PROCESSES

PLEASE DESCRIBE ANY TEMPORARY OFF SITE INSTALLATION/SERVICE ACTIVITIES (IF APPLICABLE)

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HOW MANY INSTALLATION/SERVICE SITES ARE IN OPERATION?	
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SECTION 5 – MANAGEMENT SYSTEM DETAILS

WAS THE IMS DEVELOPED INTERNALLY OR WITH THE SUPPORT OF A CONSULTANT? <i>(If by a consultant please provide the Consultant's OR Consultant company name)</i>											
PLEASE DETAIL THE SIGNIFICANT ENVIRONMENTAL ASPECTS YOU HAVE IDENTIFIED											
PLEASE DETAIL THE SIGNIFICANT OCCUPATIONAL HEALTH & SAFETY HAZARDS YOU HAVE IDENTIFIED											
PLEASE PROVIDE DETAILS OF ANY LEGAL OR OTHER OBLIGATIONS THAT ARE APPLICABLE TO THE COMPANY ACTIVITIES											
DETAIL ANY HEALTH AND SAFETY/ENVIRONMENTAL PROSECUTIONS OR WARNING NOTICES OR SERIOUS INCIDENT IN THE LAST 3 YEARS											
IS YOUR COMPANY ALREADY CERTIFIED BY AN ACCREDITED 3 RD PARTY CERTIFICATION BODY IN ANY OF THE STANDARDS BELOW?											
9001	<input type="checkbox"/>	14001	<input type="checkbox"/>	22000	<input type="checkbox"/>	45001	<input type="checkbox"/>	50001	<input type="checkbox"/>	SQAS	<input type="checkbox"/>
IF "YES" PLEASE PROVIDE THE NAME OF THE CERTIFICATION BODY/ SQAS ASSESSOR INVOLVED								<input type="checkbox"/>			

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 ACT information published on the Certification Body's website. The data provided will be processed for the purpose of technical / economic offer formulation.

I authorize A CUBE TIC LIMITED to process personal data for marketing, direct sales and market research purposes.

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I give consent

I do not give 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.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO AJA REGISTRARS GERMANY GMBH AS LEADING OFFICE

AJA Registrars Germany GmbH, Wormser Straße 18; 67346 Speyer; FAX: 06232-76568
Tel: +49 (0)6232 13 24 50; E-Mail: info@ajaregistrars.de

SECTION 7 – AUDITOR CONFIRMATION (A CUBE TIC LIMITED/ AJA REGISTRARS GERMANY GMBH USE 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 - <i>(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)</i>					
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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