

IMS CERTIFICATION QUESTIONNAIRE



Please complete this questionnaire and attach any relevant supporting information describing the company's IMS and activities, (e.g. company publicity material). On receipt of the completed questionnaire, AJA Europe 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 AJA Europe?

Referral from consultants?	YES/NO
Aja web site?	YES/NO
Direct contact from AJA Europe personnel?	YES/NO
Advertising?	YES/NO
Accreditation body web site	YES/NO

SECTION 2 – HEAD OFFICE/MAIN SITE DETAILS

Standard required	ISO 9001:2015		ISO 14001:2015		OHSAS 18001:2007	
					ISO 45001:2018	
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	
Number of employees working off site	
Seasonal employees (if any)	

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SHIFT WORK

Is shift work operated on the site or sites involved in this enquiry?			YES/NO
IF "YES" – PLEASE PROVIDE DETAILS			
Number of the shift	Start time	End time	Total number of the staff
1			
2			
3			
4			
Are the activities of each shift identical?			YES/NO
If "no" please detail the different activities between each shift			

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/subcontracted processes or monitoring	
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 IMS developed internally or with the support of a consultant? (if by a consultant please provide the consultant's or consultant company name)											
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 3rd 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											

Integrated Management Systems Declaration

Is the Management System documentation – including work instructions etc – applicable to all Standards involved in the enquiry?	YES/NO
Do Management Review activities consider the overall Business Strategies and Plans?	YES/NO
Do Internal Audits of the Management System apply to all Standards involved in the enquiry?	YES/NO
Do the Policy and Objectives consider all Standards involved in the enquiry?	YES/NO
Are the processes of the company managed in an integrated manner against all of the Standards involved in the enquiry?	YES/NO
Do Improvement initiatives consider all Standards involved in the enquiry?	YES/NO
Is Management support and responsibilities applied to all Standards involved in the enquiry?	YES/NO

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

I authorize AJA 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 AJA EUROPE'S OFFICE

Section 8 MULTISITE ONLY

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

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AUDITOR CONFIRMATION (*AJA Europe use only*)

To be completed by the appointed AJA Europe 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 AJA Europe's 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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