



Questionnaire

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

New Customer	<input type="checkbox"/>	New registration
	<input type="checkbox"/>	Transfer of registration from another certification body

Existing Customer	<input type="checkbox"/>	Extend the scope / locations of your current registration
	<input type="checkbox"/>	Add a new standard to your registration
	<input type="checkbox"/>	Transfer a registration from another certification body

Standard(s) applicable (please indicate as appropriate)

ISO 9001

ISO 14001

OHSAS 18001

ISO 45001

ISO 27001

ISO 22301

Other

OHSAS 18001/ISO 45001 Applicants Only		SSIP Required?		Yes	No
Supplier Category (please indicate as appropriate)					
Construction Contractor	<input type="checkbox"/>	Principal Contractor	<input type="checkbox"/>	Principal Designer	<input type="checkbox"/>
Designer	<input type="checkbox"/>	Group	<input type="checkbox"/>	Non-Construction	<input type="checkbox"/>

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

Section 1 – Business Activities

- 1** What is the proposed scope of certification?
Description of the products and services you offer to your customers.

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- 2** 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?

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- 3** 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.)

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Section 2 – Environmental and OH&S Management Systems

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

- 4 What are the risks associated with your processes?**
The main sources with a potential to cause injury and ill health.

- 5 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.

- 6 Please identify any hazardous materials used in your processes?**
Any item or agent which has the potential to cause harm.

- 7 Please identify any specific legal obligations relevant to OH&S and/or Environmental legislation?**
Any obligations requiring you to perform a specific duty.

Section 3 – Personnel and Locations

- 8 What is your total number of employees?**

Full Time		Part Time	
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- 9 Effective personnel**
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.)			

Continue on a separate sheet if required



10 Do you utilise any subcontractors to deliver the services you provide?

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

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

12 Do you have any other branches or satellite offices?

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
Total number of Branches – Continue on a separate sheet if required			



Section 4 – Management System Implementation

13 Have you produced a relevant management system? Yes No

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

14 Have you integrated your management system covering two or more standards? Yes No
If yes, please confirm the elements that have been integrated

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

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

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



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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of development of computer systems (coding etc.)	No in-house development	Occasional	Frequently
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster recovery sites	No need, office hours only or VPN	Single site	Multiple sites
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 – Additional Information

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

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

19 If you are a new customer, how did you hear about ISOQAR?

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
<input type="text"/>	<input type="text"/>

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)

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