INFORMATION QUESTIONNAIRE

QM 85 00 02, Rev 11 Date 2021-07-22



1. ANAGRAPHIC OF THE APPLICANT	ORGANIZATION							
Company name:								
HEAD OFFICE	ADDRESS:							
	CAP:		CITY:			PROV.:		
VAT NUMBER:	TAX CODE:		TURNOVER LAST YEAR:			UNIQUE BILLING CODE:		
TELEPHONE:	WEB SITE:		E-MAIL:					
			PEC:					
ORGANIZATION REFERENCE PERSON	ERENCE PERSON NAME AND SURNAME:		POSITION: E-MAIL:					
					TELEPHONE	TELEPHONE:		
2. DATA FOR CERTIFICATION			<u> </u>					
New ☐ Renewal ☐ Extension ☐ Transferred from another Accredited Entity (to specify which and motivation)								
☐ ISO 9001 ☐ ISO 14001 ☐ IS	SO 45001 _	Other (to specify)					
Does the organisation want a prior audit?			□NC	□NO				
Period in which you want to perform the certification audit:				Company Consulting:				
3. THE ACTIVITY TO BE CERTIFIED:			L					
Total number of employees in the Chamber o	f Commerce	Production and s	service pers	onnel:	Staf	f working away from headquarters:		
Registration								
Full-time: Part-time:		Part-time:			Sea	Seasonal:		
Does the company do more shifts? YES NO			Indicate t	ne start and end time	s of each shift:			
Processes outsourced to Subcontractors (if applicable):				External workers / sub-contractors used on a daily average:				
4. DOES THE ORGANIZATION HAVE MULTIPLE SITES TO CERTIFY? Will sites be excluded? YES NO					YES □NO			
4. DOES THE ORGANIZATION HAVE MULTIPLE SITES TO CERTIFY? ☐ YES ☐ NO				Will sites be excluded: I 125 INO				
The addresses of the sites to certify(Str, City, Country):				Number of employees: Main Activities/Processes:				
5. ONLY FOR THE CERTIFICATION OF			NI SYSIE	MS (ISO 14001)		□ YES □NO		
There have been driving internal perialites regar proceedings in the last year:								
Is the organisation one of the companies at risk of a major accident?						☐ YES ☐NO		
Does the organisation own dangerous substances and/or preparations? Other (please specify)								
6. ONLY FOR THE CERTIFICATION OF MANAGEMENT SYSTEMS FOR HEALTH AND SAFETY AT WORK (ISO 45001)								

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Have there been any cases of "occupational disease" contra employed?	YES NO						
Is the organisation facing legal proceedings relating to health	☐ YES ☐NO						
Company data on accidents	Number of accidents in last year: Index of frequency: Gravity Index:						
7. OTHER INFORMATION (applicable to all standards)							
The customer is responsible for the design or other standard	☐ YES ☐NO						
A very small site for the number of people (e.g. complex office	☐ YES ☐NO						
High level of automation	☐ YES ☐NO						
The staff includes a number of people working "location off"	☐ YES ☐NO						
Maturity of the management system	☐ YES ☐NO						
First knowledge of the customer management system but th	☐YES ☐NO						
Staff who speak more than one language (requiring interpret	☐ YES ☐NO						
Consent to the processing of data pursuant to art. 13 of Reg. EU 2016/679, pire latino to the processing of your personal data acquired by us. We provide you with the following information: - personal data are collected for the purposes related to the participation of the event and/or to the economic activity of the company and in particular for the administrative, accounting, tax obligations where applicable; - the data will be processed lawfully and in such a way as to ensure maximum confidentiality and security, - they will be recorded and stored in computer and/or paper files, to allow identification of the data subject for a period not exceeding that necessary for the purposes for which they were collected or subsequently processed (e.g. stored for tax purposes); - the data collected will be relevant and complete with respect to the purposes for which they are collected or subsequently processed; - the data will be processed through these purposes: collection, registration, organization, storage, consultation, processing, modification, selection, extraction, comparison, use, interconnection, blocking, communication, cancellation and destruction of data; - the data will be processed through these purposes: collection, registration, organization, storage, consultation, processing, modification, selection, extraction, comparison, use, interconnection, blocking, communication, cancellation and destruction of data; - the data will be processed through these purposes. - to external entities carving out specific tasks on behalf of the holding (e.g. accounting, balance sheets, tax obligations, etc); - anonymously for statistical purposes. - For more information, please refer to the Privacy Policy on the website www.certificationsri.t. Data Controller Certification S.r.l via Filippo Argelati, 30 / A - 20143 - Milan. It will be possible to contact the data controller to assert the rights as provided for by art. 15 to art. 21 of EU Reg. 2016/679. PRIOR EXPLICIT CONSENT; pursuant to art. 7 Reg. (EU) 20							
☐ I express my consent ☐ I do not express my consent							
Place and Date:	SIGNATURE:						
Application Review (To be filled in exclusively by CERTIFICATION)							

The information is used to process the economic assessment: it is necessary that the data correspond to the business reality. Different information, if any, leads to a change in the economic assessment. Please send this questionnaire completed in ALL its parts WITH A RECENT COPY OF YOUR Chamber of Commerce Registration to info@certificationsrl.it.