

	National Certification Division	SCU/QR/02
Title:	Preliminary Information for QMS Certification	Page 1 of 4

PRELIMINARY INFORMATION FOR QMS CERTIFICATION

NOTE:

- o The information given in reply to this questionnaire shall be treated confidentially.
- o Supplements may be included where it is necessary to expand any statement.
- o The statements given herein shall relate to the Management System available at the time of completing the form.
- o This questionnaire should be completed in as much detail as possible and returned to RSB.

1. Company Details:

Name of Firm

1.1 Do you trade under any other trading names? YES NO

If 'YES' give further details:

.....

1.2 Is your organization part of some larger organization? YES NO

If 'YES' give name of the holding company.

.....

1.3 Does your firm currently hold any other certifications YES NO

If 'YES' give details:

.....

1.4 Are you currently seeking registration/certification from other Bodies?

YES NO

If 'YES' give details:

.....

1.5 Did you seek the assistance of a Consultant during the development of your Management system? YES NO

If 'YES' which Consultancy Firm?

.....

Give names of the person(s) involved in the consultancy services

.....

1.6 What other Divisions of RSB do you interact with and which services/ activities do these departments offer to your organization?

.....

.....

.....

.....

.....

1.7 (a) Does your organization operate in Shifts? YES NO
 If yes, how many are they?

(b) Kindly indicate in the space below, the activities of each shift and the average number of personnel per shift

.....

.....

.....

.....

(c) Does your organization has seasonal workers? YES NO
 If yes, how many?

1.8 Which statutory and regulatory requirements are applicable to your organization? Kindly list the sections/subsections.

.....

.....

.....

.....

2. Product/Service Details

2.1. Tick as appropriate all the business activities in which your firm is involved.

Service Manufacturing Education

Distribution catering Retail

Others (please specify)

.....

.....

.....

.....

2.2. Please describe, within the space provided, the **scope** (products/services or product categories and processes) for your firm's activities for which registration/certification is being sought and which will define your product range or services to potential customers.

.....

2.3. List all the activities/ departments/ processes/sections covered under the scope for which certification is sought

.....

2.4. List any other products or services offered or department (s) for which registration is **NOT** being sought:

.....

2.5. Which processes of the management system are outsourced by your organization?

.....

3. Implementation of the System

3.1. Have you developed the mandatory documentation required by the Standards?

YES NO

If yes, please detail the list of the documents

.....

3.2. Do you have any exclusion with regards to the standard? Yes No

If Yes, Please give justification for the exclusion.

.....

.....

 3.3. Are the employees in the organization aware of Quality Management System?
 YES NO

3.4. What training (if any) have the employees undergone in relation to Quality Management System?

3.5. Have you conducted internal audit? YES NO
 If yes when was the last internal audit conducted?

3.6. Have you conducted management reviews? YES NO
 If yes when was the last conducted?

4. Additional information

4.1 Do you export your products? YES NO
 If yes detail destination(s) country(ies)?

4.2 How soon (specify in weeks or months) does your organization wish to be registered?

5. How did you learn about RSB certification services?

Customer Personal Contacts Seminar
 Exhibition Recommendation Supplier

Others Please state:

Please attach the filled questionnaire to the application form