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PRELIMINARY INFORMATION FOR EMS CERTIFICATION

NOTE:

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

1. Company:

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 holding company.

.....

1.3 Does your firm currently hold any other certifications YES NO
 If 'YES' give details:

.....

1.4 Are you currently seeking approval/ registration 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.

.....

9 Have you conducted the environmental impact assessment?

.....

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 activities (please specify)

.....

.....

.....

.....

.....

.....

2.2 List all the activities/ departments/ processes/sections, products covered under the scope for which certification is sought

.....

.....

.....

.....

2.3 List any other products or services offered, or department (s) for which registration is NOT being sought:

.....

.....

.....

.....

.....

2.4 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

Please detail the list of the documents

.....

.....

.....

.....

.....

.....
3.2 Have you identified your significant environmental aspects? YES NO

If yes, list your significant environmental aspects.

.....

3.3 Raw Material/Natural Resources

a) Name of raw materials used

.....

b) Whether imported/indigenous

.....

c) Annual consumption value

.....

d) Use of natural resources, if any

.....

3.4 Energy Management

a) Source of Energy - Coal/LPG/Oil/Electricity/Non-Conventional Energy/Traditional Energy - Firewood/Diesel Generating Set.

.....

b) Energy Load (kW)

.....

3.5 Air Quality Management


a) Do your processes have emissions such as CO, CO₂, SO₂ etc.?

.....

b) What is the quantity of the emissions?

.....

3.6 Water Management

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a) Source of water - ground/municipal

.....

b) Consumption of water

.....

c) Management of waste water

.....

d) Management of storm water

.....

3.7 Effluents Management

a) Type of effluent

.....

b) Quality of effluent

.....

c) Mode of disposal

.....

3.8 Waste Management

a) Waste produced per quantity of finished product

.....

b) Percentage waste recycled

.....

c) Percentage recycled material used in packaging

.....

3.9 Hazardous Material Management

a) Type of hazardous material generated

.....

b)Quantity.....

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c) Mode of disposal/replacement

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3.10 Transportation

Have your attempted to reduce the impact of your distribution methods on environment.

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 4 Are the employees in the organization aware of EMS YES NO

4.1 What training (if any) have the employees undergone in relation to EMS

4.2 Have you conducted internal audit? YES NO

If yes when was the last conducted?

4.3 Have you conducted management reviews? YES NO

If yes when was the last conducted?

5 Additional information

5.1 Do you export your products? YES NO

If yes detail destination(s) country(ies)

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

6. 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.