

Questionnaire to assist preparation for an ISPO audit

Dear customer,

As a certification company for ISPO, we require information about your company so that we can create a quotation as well as schedule and prepare certification/surveillance audits.

Please help us to ensure a smooth certification process by filling out the following questionnaire and attaching the information and documents requested.

1. General information

Company Name: _____

**Member of
Company Group:** _____

Address: _____

Postal code, city: _____

Country: _____

Contact person: _____ **Position:** _____

Phone: _____ **Cell phone:** _____

Fax: _____ **Email address:** _____

Web : _____

2. Certification requested:

☐ 1. ISPO Scheme ☐ 2. Sistem Sertifikasi Rantai Pasok

☐ 2a.Segregasi ☐ 2b.Keseimbangan ☐ 2c.Pesanan dan Klaim

3. Plantations and Productions facilities:

3.1 Plantations Mills to be included in the main assessment:

Name of Mills	Location	Annual Output (ton) :		Mill Capacity (ton/hr)
		CPO	PK	

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Form Title : FISPO-TNI-01
Revision No. : 2
Effective Date : 18.11.2014
Page : 2 of 4

3.2. Plantations to be included in the main assessment:

Name of Plantation	Type of plantation (Inti/ PIR Bun /PIR Trans /Plasma)	Address & GPS coordinates	Area		FFB Production (ton/year)
			Total (ha)	Planted (ha)	

3.3. Supply base:

Name of plantation (from plantation)	Name of supplied Mill (to mill)

4. Status of Land Permit *Please attached (mohon dilampirkan)*

<input type="checkbox"/> Land use permit (HGU) No:	<input type="checkbox"/> AMDAL No:	<input type="checkbox"/> Kawasan Lindung
<input type="checkbox"/> Izin Usaha (IUP, IUP-B, IUP-P, SPUP, ITUP) No:	<input type="checkbox"/> UKL-UPL	<input type="checkbox"/> Penilaian usaha perkebunan: Kelas Kebun I / II / III
<input type="checkbox"/> Land Use Title No:	<input type="checkbox"/> RKL-RPL	<input type="checkbox"/> Others

Note: V : Available ; 0 : In progress ; X : Not Applicable

Questionnaire to assist preparation for an ISPO audit

Form Title : FISPO-TNI-01
Revision No. : 2
Effective Date : 18.11.2014
Page : 3 of 4

Note²⁾ for plasma please complete table below:

Name of Plantation	Land use permit (HGU)	Plantation Operation Permit (IUP)

We hereby confirm that all data provided in this document and its attachments is complete and correct:

Location/date

Name, position

Signature

Questionnaire to assist preparation for an ISPO audit

Form Title : FISPO-TNI-01
Revision No. : 2
Effective Date : 18.11.2014
Page : 4 of 4

Evaluation by the Certification Body

1. Company details complete?

☐ yes ☐ no ☐ Remarks / additionally required information:

2. Information of facilities complete?

☐ yes ☐ no ☐ Remarks / additionally required information:

3. Implementation and application of the management system sufficient?

☐ yes ☐ no ☐ Remarks / additionally required information:

Jakarta, _____
Place / Date

Auditor Signature Manager Signature