

Questionnaire

For Offer Preparation for a Social Standard



Thank you for your interest in our services. Please provide us with the following information, which we will use to prepare a quotation.

General information (Only main location / Company headquarters)

Company:
with legal form _____

Address: _____

Postcode, Town: _____ Country: _____

Contact: _____ Mr/Mrs (First name / Second name)

Function: Quality Representative; Other: _____

Telephone: _____ Website: _____

Fax: _____ E-Mail: _____

Sector: _____

VAT No. _____

1. Which certification/ verification do you require?

- SA 8000 BSCI SMETA/ Sedex
- Other standard: _____

2. No. of employees at the location (if appropriate, total employees in companies employed in companies for combined audit)

Total no. of employees (full time/part time worker): _____ In terms of full-time employees _____

of which no. of employees in shift working: _____ In terms of full-time employees _____

in addition, no. of temporary employees from employment agencies: _____ Number of unskilled employees (low paid.): _____

Number of Shifts: _____

3. Number of sites and employees

NOTE: if there are more sites concerned, please add a line.

No. workers on site	Gender		Language spoken (%)	In case of primary production	
	Man	Women		No. workers on the field	No. workers in pack house
Site1					
Site2					
Total					

No. working hours: _____ /day _____ / week _____ / month

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4. Factors which can influence the time needed for the audit and the cost

<input type="checkbox"/> Low process risk	<input type="checkbox"/> Mature Management System	<input type="checkbox"/> Family-owned company or simple processes
<input type="checkbox"/> High process risk	<input type="checkbox"/> Large location with small no. of employees	<input type="checkbox"/> Small location with large no. of employees
Does an integrated management system already exist in the company ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, according to :
Is the management system certified?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, according to :
		<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001
		<input type="checkbox"/> _____ <input type="checkbox"/> _____
Have you carried out an internal audit?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, by : _____
Have you carried out a management review ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, by : _____
Were you supported by a consultant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, by: _____
When do you want the certification/ verification audit?		/ 20 ..

5. Scope / Business operation to be certified

(for example: "Development, manufacture and sale of...", "Trade with..." etc.)

6. Is your company already certified? (existing certifications?)

Certificate No.	Standard / Directive etc.	Certification Company	Date of certification audit	Certificate valid until

7. Are you a member of an industry, professional or trade association/federation? (Please name)

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8. Names of key customers, to whom you provide produce/service (in case of BSCI please indicate also DBID of the customer)

9. Any further information you think may be important for us?

We agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

Place/Date

Name

Signature

*) If sending by email, the sender's address will be accepted

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Locations (including temporary locations and outsourced processes)

Location No. _

Company:
with legal form

Address:

Postcode, Town:

Country:

Contact:

Mr. /Mrs. (First name / Second name)

Function:

Quality Representative; Other:

Telephone:

E-Mail:

Comp. Reg. No.

VAT No.

No. of employees:

In terms of full-time employees

No. of employees in shift working:

In terms of full-time employees

in addition, no. of temporary employees from
employment agencies

No. of shifts:

Outsourced process

Store

Other:

Temporary location

Constr.site

Project:

*) temporary employees from employment agencies

Location No. _

Company:
with legal form

Address:

Postcode, Town:

Country:

Contact:

Mr. /Mrs. (First name, Second name)

Function:

Quality representative; Other:

Telephone:

E-Mail:

Comp. Reg. No.

VAT No.

No. of employees:

In terms of full-time employees

No. of employees in shift working:

In terms of full-time employees

in addition, no. of temporary employees
from employment agencies:

No. of shifts:

Outsourced process

Store

Other:

Temporary location

Constr. site

Project:

If further locations are to be included, please copy this page and complete.