



Audit Questionnaire

Company Name							
Company Representative Name							
Company Address							
Contact Tel Number							
Contact Fax Number							
Contact Email							
Website							
Scope of Registration (include any exclusions (e.g. Design))							
General Activities (e.g. welding, CNC Machining), Human and Technical Resources, Relationships with other Corporations							
Outsourced Processes (Heat Treatment, Planning Applications)							
Detail any Applicable Legislation and/or standards you work to							
Total staff in company to be audited (show breakdown)		Part Time?		Temps?		Contracted?	
Do you run shifts? If so please give employee breakdown and types of work carried out for each shift							
If more than one office location please detail including employee breakdown and operations							
If you operate on temporary sites (non-permanent), please detail typical number of sites							
Certification Standard Required	ISO 9001	<input type="checkbox"/>	AS 9120	<input type="checkbox"/>	TickIT	<input type="checkbox"/>	
	ISO 14001	<input type="checkbox"/>	AS 9110	<input type="checkbox"/>	Other:		
	AS 9100	<input type="checkbox"/>	OHSAS 18001	<input type="checkbox"/>			
NACE Code if Known	Documentation Language:						
When do you expect to be ready for stage 1 assessment?	When do you expect to be ready for Stage 2 Assessment?						
Have you used an external consultant or have you got any experience with Management Systems?	(If a consultant has been used please specify)						
How did you hear about IMS?							

Questionnaire completed by	
Signature	
Date	

Please provide any other information you have about your organisation to help us give you a quotation. For example: brochures; your Web address.