



Transfer Audit Questionnaire

Company Name				
Company Representative Name				
Company Address				
Contact Tel Number				
Contact Fax Number				
Contact Email				
Website				
Scope of Registration (list any exclusions)				
General Activities, Human and Technical Resources, Relationships with other Corporations				
Outsourced Processes				
Detail any Applicable Legislation				
Name of Department to be audited				
Total staff in Department to be audited				
If more than one location please detail including employee breakdown				
Certification Standard Required	ISO 9001 ISO 14001	[] []	OHSAS 18001 AS 9100	[] []
NACE Code if Known	Documentation Language:			
Who are you currently certified by?	Why do you wish to transfer?			
When do you expect to transfer?	When does your current certification cycle expire?			
How many visits per year does your existing Certification Body perform? How many days per visit?	What was the last date you were audited by your Certification Body?			
Were there any major non- conformances during your last audit?	Do you have any outstanding non-conformances from previous audits?			
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.

Thank you for completing this questionnaire. We look forward to a successful partnership.