DIMA certification	**ISO QUESTIONNAIRE-APPLICATION-REVIEW** **(DMC/ISO/QAR)**

ISO-QAR - SECTION 1

Please provide maximum details which will help us to give most accurate quotation

1A	**GENERAL BUSINESS INFOMATION**							
1	Standard wish to opt for (please tick √)		ISO 9001 (QMS)		ISO 14001 (EMS)		ISO 45001 (OHSMS)	
2	Company Name (Legal Registration)							
3	Company Address							
4	Name of Primary Person for Audit Purpose							
5	Email of Primary Contact							
6	Contact number of Primary Person for Audit Purpose							
7	Company Phone Number							
8	Company Fax number							
9	Position Primary Person for Audit Purpose							
10	Website:							
11	Parent company							
12	Date of latest Internal Audit							
13	Date of latest Management Review							
14	Name of Consultant (if any)							
15	Management systems that your company have (Including those that this application does not cover) -please tick √		ISO 9001		ISO 14001		ISO 45001	
			Others (Please specify)					
16	Services/Activities/Products to be mentioned in certificate after Audit (This is the scope of the certificate)							
17	Brief Explanation of the Services/Activities/Products of the organization.							

	SITE / FACILITY/ OFFICE PLAN				
1	Approx. size of office facility (sq. ft or sq. metres):				
2	Please provide a basic description of the office facility (include details of any contaminated land, nearby residential or recreational areas, bodies of water, sensitive areas, yard areas, car parking, storage etc):				
3	Provide basic layout of the site/ office/facility (Attach a separate sheet if required)		Yes		No

DIMA certification	**ISO QUESTIONNAIRE-APPLICATION-REVIEW** **(DMC/ISO/QAR)**

ISO-QAR - SECTION 1

MULTI SITE OPERATIONS (if applicable)		
Number of Locations		
Address of each location (please note if the site is temporary)		Main Activities of each Site
Address 1:		
Address 2		

1B	**EMPLOYEES**				
1	Total Number of Employees (full and part-time) in Company				
2	Number of employees in Office				
3	Number of employees at Site				
4	Number of Operational Shifts				
5	No. of employees in Each Shift	Shift 1		Time	
		Shift 2		Time	
		Shift 3		Time	
6	Number of Part Time Employees.				
7	Please give full details of any out-sourced processes (i.e., vital processes/services that other companies perform on your behalf)				
SUBCONTRACTOR(S)					
8	Number of subcontractors				
Name of subcontractor		Main Activities of subcontractor			
8.1					
8.2					

OTHER INFORMATION		
1	Please provide full details of any consultancy company that you have employed for Implementation:	
2	Date expected to be ready for Stage 1	
3	Date expected to be ready for Stage 2	

FOR TRANSFER (FROM ANOTHER CB)- if applicable					
1	Current Stage of Certification? (Completed Compliance/ Surveillance/ Recertification)				
2	Name of current CB				
3	To provide Copy of Latest audit report (past 3 years reports)				
4	To Provide Copy of current certificate				
5	Current Nonconformities closed		Yes		No

Please complete only the relevant sections for the Standard(s) that you require

DIMA certification	**ISO QUESTIONNAIRE-APPLICATION-REVIEW** **(DMC/ISO/QAR)**

ISO-QAR - SECTION 2A
ISO 9001 Quality Management System (Application)

1	Main Activities/ Processes	
2	Material use (if applicable)	
3	Main boundaries /area/sections planned to be certified	

4	Does your company's quality manual fully address ISO 9001 Clauses?		Yes		No
5	Are there any non-applicable clauses of ISO 9001?		Yes		No

If answer for no.5 is YES, please answer no 6

6a	What is the Clause (s)	
6b	How are they justified? - Why excludes the clause?	

7	Are there any outsourced processes?		Yes		No

If answer for no.7 is YES, please answer no 8

8	Please detail the outsource activities	

9	What Key Legislation is applicable on your site(s)?	1. .. 2. .. 3.

Additional Information

Name	Position	Date	Sign

DIMA certification	**ISO QUESTIONNAIRE-APPLICATION-REVIEW** **(DMC/ISO/QAR)**

ISO-QAR - SECTION 2A
ISO 14001 Environmental Management System (Application)

1	Main Activities/ Processes	
2	Material use (if applicable)	
3	Main boundaries /area/sections planned to be certified	

4	Do you have any Environmental Aspects which are controlled by regulatory requirements?		Yes		No	
	If YES, what are they?	1.				

5	Are there any Environmental issues facing the company (Management view)?		Yes		No	
	If YES, what are they? i.e.; General noise & air pollution, like inside & outside in-house vehicle (No major issue)	1.				

6	Is there a Shift System in Operation?		Yes		No	
7	Operating hours					

Period of Maximum Activity (Please tick all that apply)

	Night		Day		Morning		Afternoon		Evening		Weekends		Weekdays		24 hours				

8	Are Site Plans (including drainage system) available for the site?		Yes		No		NA

9	Site Manager Name		Phone number	

10	Does the company have appropriate licences, authorisations, approvals and consents? – EMS related		Yes		No		
	If Yes, please detail them (Attach a separate sheet if required)	1. .. 2. .. 3. ..					

11	Any sites current and previous use(s) and the have waste contamination		Yes		No	
	If Yes, please detail them	1. 2.				

12	Any audits related to environment have been carried out? – other that ISO 14001 audit		Yes		No
	Please indicate the latest date of this audit	1.			

13	Does the company have waste management?		Yes		No
	If Yes, Details of Waste Management (e.g. Effluent treatment/ discharge, solid waste management) at the site/facility	1. .. 2. ..			

14	Does the company have outsourced processes significant to environment management?		Yes		No
	If Yes, Details the outsource process (e.g. Outsourced effluent processing, waste disposal)	1. .. 2. ..			

15	Does the company have the environmental aspect/impact checklist?		Yes		No
	If Yes, please indicate the date of checklist been reviewed?	1. ..			

Name	Position	Date	Sign

DIMA certification	**ISO QUESTIONNAIRE-APPLICATION-REVIEW** **(DMC/ISO/QAR)**

ISO-QAR - SECTION 2A
ISO 45001 Occupational Health and Safety Management System (Application)

1	Main Activities/ Processes	
2	Material use (if applicable)	
3	Main boundaries /area/sections planned to be certified	

4	Do your organization have any OH & S risks which require regulatory requirements?		Yes		No	
	If YES, what are they?	1.				
5	Do your organization have any Safety Personnel at Site? (e.g., Safety Manager, Safety Officers)		Yes		No	
	If YES, please list the name (s)/ contact number?	1. Name/Contact Number/Position				
6	Do your organization have temporary site(s)?		Yes		No	
	If YES, please list down the address?	1. . 2.				

7	Is there a Shift System in Operation?		Yes		No
8	Operating hours				

Period of Maximum Activity (Please tick all that apply)																			
	Night		Day		Morning		Afternoon		Evening		Weekends		Weekdays		24 hours

9	Any latest accident occurred?		Yes		No
	Has any action been taken?		Yes		No
	If Yes, please detail them	1. 2.			

10	Does the company have appropriate licences, authorisations, approvals and consents? – OHSMS related		Yes		No
	If Yes, please detail them (Attach a separate sheet if required)	4. .. 5. .. 6. ..			

11	Any audits related to safety have been carried out? – other that ISO 45001 audit e.g., DOSH inspection		Yes		No
	Please indicate the latest date of this audit	1.			

12	Does the company have Safety Committee?			Yes		No
	Please indicate the latest date of this committee meeting	1. ..				

13	Does the company have outsourced processes significant to safety management?			Yes		No
	If Yes, Please indicate the activities (subcontractor activities)	1. .. 2. ..				

14	Does the company have the safety hazard and risk checklist (e.g., HIRARC)?			Yes		No
	If Yes, Please indicate the date of checklist been reviewed?	1. ..				

Name	Position	Date	Sign

DIMA certification	**ISO QUESTIONNAIRE-APPLICATION-REVIEW** **(DMC/ISO/QAR)**

Application Review (For DIMA CERTIFICATION Use only)						
Sector codes/NACE (Refer to FM412 CKL)						
Complexity category of risk	**High/Medium/Low/**					
Business Sector (Refer to Annex)						
A- Audit Man-days (Refer to Table in Annex**) – Stage 1 & Stage 2**	**Stage 1**		**Stage 2**			
B Audit Man-days **– Surveillance 1** (0.3 x Initial Stage Audit Man Days) **INCLUDING SHIFT**		**C -** Audit Man-days– **Surveillance 2** (0.3 x Initial Stage Audit Man Days) **INCLUDING SHIFT**				
D- Documentation Review prior to Recertification	**0.5 MD**	**E -**Audit Man-days **– Recertification** (0.6 x Initial Stage Audit Man Days) **INCLUDING SHIFT**				
Total Man-days (A+B+C+D+E)						
Resources (Auditor) Allocation	**Name**		**Role**		**NACE – CODE expertise**	
Certification Decision Panel Allocation	**Name**			**NACE – CODE expertise**		
Certifier Allocation	**Name**					
Quotation & Contract Agreement To be Prepared by	**Name**					
Audit programme (3 years) to be prepared by	**Name**					
Application Reviewer	**Name**			**Signature**		
	Date					