



TRINIDAD AND TOBAGO BUREAU OF STANDARDS
ISO 9001:2000 Quality Management Systems (QMS) Questionnaire

Please complete this questionnaire. By gaining a more complete understanding of your company we can provide more value to your QMS.

Initial notes:

1. If the company is at a single location, or consists of a main site with other off-site operations that are fully integrated within the business of the main site, a single questionnaire is required.
2. If the company consists of a number of off-site operations that are largely independent or provide products/services differing from those at the main site, then it is more suitable to deal with this situation as a "multi-site registration/certification". PLEASE COMPLETE A SEPARATE QUESTIONNAIRE FOR EACH OFF-SITE OPERATION IN THIS CASE

1. Company Details

1.1 Company/Business to be registered _____

1.2 Address _____

1.3 City _____

1.4 Country _____

1.5 Mailing Address (if different from above) _____

1.6 Telephone _____

1.7 Fax _____

1.8 E-mail _____

1.9 Website Address _____

1.10 Site Manager _____

Position _____

1.11 ISO Management Rep _____

Position _____

2. Assessment Information

2.1 Are you using a consultant?— Name of consultant _____

2.2 What is your target date for the Registration/Certification Audit? _____

2.3 Scope of operations for which registration/certification is sought (E.g. "Assembly of Personal Computers"; "Provision of Safety Equipment Sales and Services"):

2.4 For TTS/ISO 9001:2002; ISO 9001:2000: **Please write the clause number for any exclusions to the scope within Clause 7 Product Realization** (justified by Clause 1.2 of TTS/ISO 9001:2002; ISO 9001:2000). For example "7.3 Design and Development, 7.5.4 Customer Property"

2.5 Would you like to have a Pre-assessment Audit done on your QMS?¹ Yes No

2.6 What is your target date for Pre-assessment Audit? _____

Transfer Registration/Certification details

2.7 Is another registrar/certifying authority currently certifying your QMS? Yes No

2.8 Please give details _____

3. Quality Management System (QMS) Information

Please list:

3.1 Total number of employees _____ 3.2 Total in Administration _____

3.3 Total in Quality Department _____ 3.4 Total in Design/Development _____

3.5 Total in Production / Service Department _____

3.6 Is there regular shift work? Yes No # people on shift 1 _____ 2 _____ 3 _____ 4 _____

Shift times 1 _____ 2 _____ 3 _____ 4 _____

3.7 Please state the principal plant or equipment used (if applicable)

3.8 Please describe (or attach a flow diagram of) your process lines for your product/service realization, showing (1) the number of, and (2) similarities and differences (if any) of your product/service lines.

3.9 Are there activities (warehouses, sales offices, processing, etc.) to be covered by the scope of registration/certification at locations other than the address given? Yes No

3.10 If yes, please list all such premises' names, addresses and number of employees:

	Premises	Process/Service	Employees
1	_____	_____	_____

2	_____	_____	_____

3	_____	_____	_____

3.11 What is the total floor area (sq. m/ sq. ft) of your processing/service operations? _____

¹ A Pre-assessment audit gives you an idea of your readiness for the registration/certification audit and introduces the audit process to the company.

3.12 What is the total floor area (sq. m/ sq. ft) of your storage facilities (if any)?_____

3.13 Are Subcontractors² involved in the processes? Please describe.

3.14 If the business buys and sells any items (covered under the scope of registration /certification), without any further processing or assembly, please give a brief description.

3.15 Have all factors relating to the scope of registration/certification been included in the Quality Management System (QMS)?_____

3.16 Has a complete round of internal audits against your procedures based on the ISO 9001:2000 standard been carried out?_____

3.17 Has corrective action been performed on all significant nonconformities discovered in the system? _____

3.18 How long has your QMS been implemented?_____

(Note: The QMS should be implemented long enough to show evidence of operation of all QMS processes. Usually this takes at least three months.)

3.19 Please list any special laws/regulations and national/international standards applicable to any of the products/services for which you seek registration/certification:

Approximately how many pages are in the following documents?

3.20 Quality Manual _____ 3.21 Operating Instructions _____

3.22 Quality Procedures _____



Person signing for the company (Please print)

Position

Signature

Date

² Subcontractors supply products or services to the organization that are ultimately incorporated into, or are part of, the final products or service in 2.3 "Scope of Operations..."

4. Additional requested information

Are there environmental hazards for which protective gear will be required? Yes No

Please describe these hazards and state the required protective gear:

5. Directions to locations

To assist our staff, who may be visiting your company, please give brief directions to your company's location or attach a map indicating the location.

Thank you for completing this questionnaire.

Please return to:

Head, Certification Division

Trinidad and Tobago Bureau of Standards

P.O. Box 467, Port of Spain, TRINIDAD AND TOBAGO

OR

Century Drive, Trincity Industrial Estate, Macoya, Tunapuna

TRINIDAD AND TOBAGO

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