

# Questionnaire



Please provide the following information to able SPEC to advise you of the fees of audit, registration and surveillance to.

## 1. Company Name

Local Lang	
English	

## 2. Employees

Total in Company or Organization		
Total at Head Office		
Total at Other premises and locations		
The other location		Employees
The other location		Employees
Total in those areas for which registration is sought		

\* Please check item 7 for matters concerning multiple businesses.

## 3. Shift System (If Applicable)

Number/Pattern of Shifts	Employees per Shift	Activity per Shift

Is your organization operating a dedicated weekend shift? \_\_\_\_\_

For ISO 22000, Please Indicate Specific season and time which may impact on product . \_\_\_\_\_

## 4. Details of any previous or current registration(s)

## 5. Internal Audits and Management Review

Internal Audit date		Management Review date	
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## 6. Please provide the information as follows

### (1) Basic Information

- 1) Manual (including organization chart) and Procedure
- 2) Certificate for business registration
- 3) Outline map of organization
- 4) Payroll
- 5) Process chart
- 6) For transfer client, Please provide copy of cert. And recent reports (3 copies)

# Questionnaire



## **(2) For EMS client**

- 1) Analyze environment aspects
- 2) Evaluate environment impact
- 3) Environmental regulation

## **(3) For FSMS client**

- 1) Hazard analysis data
- 2) HACCP plan and details of any current registration
- 3) PRP
- 4) Food safety legal & regulation
- 5) Automation facility
- 6) Any record of legal complaint or administrative measure

## **(4) For OHSAS client**

- 1) Recent 3 atmospheric disasters (self-investigation)
- 2) Main process and hazardous / dangerous (hazardous and dangerous facilities, potential hazard etc.)
- 3) Risk Assessment Table
- 4) Director of safety regulation

## **(5) For ABMS client**

- 1) Corruption risk assessment report or corruption assessment report
- 2) Identification of the risk of the certification execution questionnaire

## **(6) Additional information**

Please send us your company brochures and product manuals for your business activities / services

# Questionnaire



## 7. Multiple sites

If your company has multiple locations, please provide the following information.

Main site		
Address	Scope	Support Function
		No. of shifts/Total no. of employees

Site 1		
Address	Scope	Support Function
		No. of shifts/Total no. of employees

Site 2		
Address	Scope	Support Function
		No. of shifts/Total no. of employees

Site 3		
Address	Scope	Support Function
		No. of shifts/Total no. of employees

Site 4		
Address	Scope	Support Function
		No. of shifts/Total no. of employees

Total no. of employees :	
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※ Please fill out this questionnaire and send it by e-mail or fax.

Tel : 02-561-9001

Fax : 02-561-9002

E-mail : [hispec@hanmail.net](mailto:hispec@hanmail.net)