

CER/FORM/02: QUESTIONNAIRE FOR MANAGEMENT SYSTEM REGISTRATION

NOTE:

The information given in reply to this questionnaire shall be treated confidentially.

Supplements may be included where it is necessary to expand any statement.

A separate document shall be completed for each organization involved.

The statements given herein shall relate to the Management System available at the time of completing the form.

This questionnaire should be completed in as much detail as possible and returned to KEBS.

1.	Company Details: Name of Firm
	Postal Address
	Physical Location
	Telephone
	Fax
	Email
	Contact Person
	Position
	Alternative Contact Person
	Position

1.1	Do you trade under any other trading names? YES NO If 'YES' give further details:								
	Note: If the firm consists of several premises all contributing to the overall scope of any proposed registration, please list all such premises names and address on a separate sheet, attach and tick to indicate that an extra sheet is appended.								
	Extra shee	t appended? YES NO							
1.2	Is your organization part of some larger organization? YES NO If 'YES' give name of holding company.								
2.	Number of Employees Please give total in the company for which registration/certification is being sought.								
3.	Other Info								
3.1	Does your firm currently hold any other certifications YES NO If 'YES' give details.								
3.2	Are you currently seeking approval/registration from other Bodies YES \square NO \square								
	If 'YES' give details								
3.3	Scope(s) re	equested:	-						
	SCHEME PLICABLE)	SCOPE DESCRIPTION	TICK IF APPLICABLE						
EA 1		Agriculture, fishing							
EA 2		Mining and quarrying							
EA3		Food products, beverages and tobacco							
EA 4		Textile and textile products							
EA 5		Leather and leather products							
EA 6		Wood and wood products							
EA 7		Pulp, paper and paper products							
EA8		Publishing companies							
EA 9		Publishing companies							
EA 10		Manufacture of coke and refined petroleum products							

CODE/SCHEME (IF APPLICABLE)	SCOPE DESCRIPTION	TICK IF APPLICABLE
EA 11	Nuclear fuel	
EA 12	Chemicals, chemical products and fibres	
EA 13	Pharmaceuticals	
EA 14	Rubber and plastic products	
EA 15	Non-metallic mineral products	
EA 16	Concrete, cement, lime, plaster etc.	
EA 17	Basic metals and fabricated metal products	
EA 18	Machinery and equipment	
EA 19	Electrical and optical equipment	
EA 20	Shipbuilding	
EA 21	Aerospace	
EA 22	Other transport equipment	
EA 23	Manufacturing not elsewhere classified	
EA 24	Recycling	
EA 25	Electrical supply	
EA 26	Gas supply	
EA 27	Water supply	
EA 28	Construction	
EA 29	Wholesale and retail trade; Repair of motor vehicles, motor cycles and personal and household goods	
EA 30	Hotels and restaurants	
EA 31	Transport storage and communication	
EA 32	Financial intermediation; real estate; renting	
EA 33	Information technology	
EA 34	Engineering services	
EA 35	Other services	
EA 36	Public administration	
EA 37	Education	
EA 38	Health and social work	
EA 39	Other social services	

Any other r	not in the lis	st please giv	e details:		

4.	Product/Service Details							
4.1	Organization seeking registration for:							
	ISO 9001:2000							
	ISO 14001:2004							
	ISO 22000:2005							
	ISO 27001:2005							
	OHSAS 18001:1999							
4.2	Tick as appropriate all the busine	ess activit	ies in which your	firm is involved.				
	Design		Manufacture					
	Distribution		NDT					
	Installation		Repair					
	Maintenance		Stockiest					
	Others (please specify)							
4.3	Please describe, within the space provided, the scope for your firm's activity for which registration/certification is sought and which will define your product range o service to potential customers. (Where relevant quote Kenya Standard or any othe Standard number(s)/ tolerances/ materials/maximum sizes/weight, etc.)							

4.4 			f the management system				
 4.5	List any o	ther produ	ıcts or services offered for	which reg	jistration is <u>NOT</u>	being sought:	
5. 5.1	Management system How soon (specify in weeks) does your organization wish to be registered?						
		 ote that	management system of audit				
5.2	Have you	ı develop	ed the necessary mana YES		system docume	ntation?	
5.3 Are the employees in the organization aware of the management system? YES NO						system?	
5.4		ning (if a nent syst	ny) have the employees em?	undergo	ne in relation to	the	
6.	Where d	id you le	arn about KEBS certif	ication s	ervices?		•••
С	ustomer		Personal Contacts		Seminar		
Е	xhibition		Recommendation		Supplier		
0	thers		Please state:				

7. Certification contract I confirm that we have read and understood the certification contract and agree to abide with the provisions thereof once the management system is certified. Signed:.... Position: Date: Please return to: The Managing Director Kenya Bureau of Standards P. O. Box 54974 **NAIROBI FOR KEBS OFFICIAL USE** YES NO \square 1. Decision to undertake system audit: Justification for the decision: 2. Details (if any):

.....

Signature

Signed:

Name

Date