

#### CER/F/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.

### **PART A**

1.	Company Details:
	Name of Firm
	Postal Address
	Physical Location
	Telephone
	Fax
	Email
	Contact Person
	Position
	Alternative Contact Person
	Position
1.1	
1.2	Is your organization part of some larger organization?  YES NO If 'YES' give name of holding company.

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2	Num	Number of Employees						
	Plea	se give total in the company for which registration/certification is being sought.						
		If the firm consists of several sites all contributing to the overall scope of any proposed registration, please list all such sites, their addresses and the numbers of staff at each site on a separate sheet, attach and tick to indicate that an extra sheet is appended.						
	Extra	sheet appended? YES NO						
3.	Oth	er Information						
3.1		es your firm currently hold any other certifications? YES NO C						
3.2		you currently seeking approval/registration from other Bodies? YES NO						
		ES' give details						
3.3	Did you seek the assistance of a Consultant during the development of your management system?  YES NO							
	If 'Y	If 'YES' which Consultancy Firm?						
	Giv	e names of the person(s) involved in the consultancy services						
3.4	(a)	What other departments of KEBS do you interact with and which services/ activities do these departments offer to your organization?						
	(I- )	If a constant of the form of the first of th						
	(b)	If your organization interacts with the Quality Assurance department of KEBS (standardization mark or general quality assurance) please indicate the name(s)						
		of the Quality Assurance officers you deal with						

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3.5	(a)	Does your organization operate in Shifts?	YES	NO
		If yes, how many?		
	(b)	Kindly indicate in the space below, the activities average number of personnel per shift	s of each shil	ft and the
3.6	Whic Kindl	ch statutory and regulatory requirements are apply list the sections/subsections of the law	icable to you	r organization?
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	•••••			

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# 3.7 Scope(s) requested:

KEBS CB	Description	Corresponding Food Chain Categories	Corresponding EAC Codes	Tick if applicable	
Code					
K01	Agriculture	Farming 1 (Animals) Farming 2 (Plants)	1		
K02	Mining, manufacture of coke and chemical products	(Bio) chemical manufacturing	2, 10, 12		
K03	Food products, beverages and tobacco	Processing 1 (Perishable animal products)	3		
		Processing 2 (Perishable vegetal products)	3		
		Processing 3 (Products with long shelf life at ambient temperature)	3		
		Feed production	3		
K04	Pulp paper and paper products	-	7		
K05	Publishing and printing	-	8, 9		
K06	Pharmaceuticals	-	13		
K07	Rubber and metal and allied products	Equipment manufacturing	14, 17		
K08	Construction, Concrete, cement lime and plaster	Concrete, cement lime -			
K09	Water supply and sanitation services	Services	27		
K10	Other Services(e.g. laboratory testing, Wholesale and retail trade, etc.)	Distribution	35		
K11	Transport, warehousing, storage and communication	Transport and storage	31		
K12	Information technology	-	33		
K13	Real estate, renting	-	34		
K14	Public administration and other social services	-	36, 39		
K15	Textile and leather products	-	4, 5, 23		
K16	Electricity generation and supply	-	25		
K17	Non – metallic materials	Packaging material manufacturing	15		
K18	Heath and social work	-	38		
K19	Manufacture and repair of motor vehicles	-	29		
K20	Electrical and electrical products	-	19		
K21	Education and management consultancy	-	37		
K22	Financial, banking, insurance, accountancy and related services	-	32		
K23	General Engineering services	-	34		
K24	Hotels and restaurants	Catering	30		

Any other not in the list please give details:

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4.1 Organization seeking registration for:						
ISO 9001:2008						
	ISO 14001:2004 ISO 22000:2005					
	HACCP					
	ISO 27001:20	005				
	OHSAS 1800	1:2007				
	Any other					
4.2	Tick as appro	priate all the bu	siness	activities in which y	our firm is in	nvolved.
	Design			Manufacture		
	Distribution		Non Destructive testing (NDT)			
	Installation			Repair		
	Maintenance			Stockiest		
	Others (please	e specify)				
		_	-	ovided, the <b>scope</b>	-	•
			-	n's activities for wh	_	
	_	_	-	uct range or service		
	(wnere reievant maximum sizes/i		naara oi	r any other Standard I	number(s)/ to	olerances/ materials/

**Product/Service Details** 

4.

4.4 List all the departments/sections covered under the scope for which certification is sought, including the production sites that are addressed by the management system if more than one site.

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4.5	Which processes of the management system are outsourced by your organization?
4.6	List any other products or services offered, or department(s) for which registration is $\underline{NOT}$ being sought:
5.	Management system
5.1	Have you developed the necessary management system documentation?  YES NO NO
5.2	YES NO Are the employees in the organization aware of the management system?
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	(ISO 22000) and HACCP certification.						
6.1	List the HACCP studies and the process lines covered under the scope for which registration/certification is sought.						
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	•••••						
	•••••						
6.2	Do you ha	ave any clients	with special needs	i.e., groups of	users/consumers known	to be	
	•		•		dly list them below, if an	•	
7.	How did	you learn abo	ut KEBS certificati	on services?			
	Customer		Personal Contacts		Seminar		
	Exhibition		Recommendation		Supplier		
	Others	Please sta	te:				
8.	Certification	on contract					
	I confirm that we have read and understood the sample 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  or email to certification@kebs.org						

Additional information for clients applying for Food safety management system

6.

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## **PART B:**

## **FOR KEBS OFFICIAL USE**

1. Decis	on to undertake system aud	lit: YES		NO		
Justification for the decision:						
				•••••		
2. (a)	Calculated audit time:			Auditor days		
(b)	Justification (refer to CER/	OP/01):				
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Signe	d·					
Signo	Name	Sign	ature		Date	

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