

Data Collection Form

for the preparation of offers

A - Company data

Name

Sector

Address

Contact/Position

Phone / Mobile

Mail/Website

B - Requested certification

- | | | |
|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> ISO 9001 | <input type="checkbox"/> ISO 50001 | <input type="checkbox"/> SGM-AUVA |
| <input type="checkbox"/> ISO 14001 | <input type="checkbox"/> SCC* | <input type="checkbox"/> ONR 192050 |
| <input type="checkbox"/> ISO 21001 | <input type="checkbox"/> SCC** | <input type="checkbox"/> ISO 45001 |
| <input type="checkbox"/> ISO 29990 | <input type="checkbox"/> SCP | <input type="checkbox"/> ISO 37301 |
| <input type="checkbox"/> ISO 29993 | <input type="checkbox"/> SCC ^P | <input type="checkbox"/> |

C - Employees – in general

Total number of employees of which are

		%-employed
		%-employed
		%-employed

Full time equivalent

Employees in individual areas e.g. administration, production, sales, maintenance, building sites, assembly, etc..

Area	nr. of employees

Employees in total: _____

Data Collection Form

for the preparation of offers

D - Further sites in the scope of certification

Confirmation that a single management system (within the scope of certification) is used throughout the organisation.

YES NO

Type of connection of the sites to each other and to the head office (e.g.: 100% subsidiary, ...):

Site	Activity/Processe (Energy consumption only for ISO 50001)	employees

Employees in total: _____

E - Processes

Outsourced processes?

(e.g. maintenance, purchasing,)

Centrally controlled processes:

F - Shift model

If yes, which shift model is used (e.g. early shift 06:00 - 14:00 / late shift 14:00-22:00 / night shift 22:00-06:00)

G - Scope of application of the requested certification

e.g. development, production, distribution, sales, ...

H - Development

Is development part of the scope of certification

YES NO

I - Scope

if known, please specify:

SCOPE

NACE

Data Collection Form

for the preparation of offers

J - Existing certification

Do you already have accredited certificates through SystemCERT or another certification body? Y N

for which standard(s): _____

Which of these regulations should be adopted by SystemCERT? (please list here)

Previous certifier: _____

Initial certification on: _____

Transfer with: **Surveillance audit**

Certificate valid until: _____

Transfer with: **Re-certification audit**

Please send the latest certificate for the quotation).

The last audit before the possible takeover is/was on: _____

K - When ist the next audit planned? (please state. Approx. with month and year)

Month: _____

Year: _____

L - External services

Where external services concerning consulting conducted (impartiality)? YES NO

By whom? Mr./Mrs. _____

M - Sections M to P, only relevant for EnMS acc. ISO 50001, resp. ISO 50003

Number of EnMS effective personnel (personnel with relevant influence on the EnMS)

Department	nr. employees
Top Management, senior leadership	
Energy management-Team	
Procurement of energy-related performance	
Person(s) responsible for significant changes affecting energy-related performance	
Person(s) responsible for developing, achieving or maintaining improvements in energy performance, including targets, energy goals and action plans.	
Person(s) responsible for the development and maintenance of energy-related data and analysis	
Person(s) responsible for planning, implementing and maintaining the processes associated with the SEUs, including seasonal activities (e.g. harvesting activities, hotel operations), as applicable.	
Person(s) responsible for the development affecting energy-related performance.	

Total EnMS effective employees: _____

Data Collection Form

for the preparation of offers

N - Energy consumption , annual in TJ (1 TJ ≈278 MWh)

<input checked="" type="checkbox"/> ≤ 20 TJ	<input type="checkbox"/> 20 TJ ≤ 200 TJ	<input type="checkbox"/> 200 TJ ≤ 2.000 TJ	<input type="checkbox"/> > 2.000 TJ
---	---	--	-------------------------------------

O - Energy types (e.g. electricity, gas, diesel, air etc.) responsible for 80% of total energy consumption

<input type="checkbox"/> 1 – 2 Energy types	<input type="checkbox"/> 3 Energy types	<input type="checkbox"/> ≥ 4 Energy types	
---	---	---	--

P - Number of essential energy inputs – (Signifikante Energie User)

<input type="checkbox"/> 1 to 3 SEUs	<input type="checkbox"/> 4 – 6 SEUs	<input type="checkbox"/> 7 to 10 SEUs	<input type="checkbox"/> 11 to 15 SEUs	<input type="checkbox"/> ≥ 16 SEUs
--------------------------------------	-------------------------------------	---------------------------------------	--	------------------------------------

Q - Spezific information, only relevant for ISO 45001 – AUVA SGM

Number of staff, within the scope of the O&HS management system

Type of employment	nr. employees
Permanent employees, full-time equivalent	
Temporarily employed	
Employees working in shifts	
Employees of contractors and subcontractors under your control or influence	
Seasonal workers / high season contractors / subcontractors, if applicable.	
Temporary, unskilled personnel	

Employees in total:

Main hazards, occupational health & safety risks, hazardous substances, relevant legal obligations

(Main hazards and OSH risks associated with processes, the most important hazardous substances used in the processes and all relevant legal obligations from the applicable OSH regulations.)

Request on (Date, name)

by (signature)

Data Collection Form

for the preparation of offers

Calculation and assessment by certification body

R - Sampling allowed?

Justification or prevention for sampling (IAF MD 22 Pkt. 9.1.5)

(e.g. different activities, etc.)

S - Audit planning – Schift model

Justification if shifts are not audited (IAF MD 22 Pkt. 2.3.5).

T - Effective nr. of persons / reduction

Reductions for unskilled personnel not foreseen (IAF MD 22 point 2.3.6).

Exceptions must be justified (e.g. risk assessment).

U - Classification complexity category

Justification for downgrading (IAF MD 22 page 26) point 2.3.5).

The positive assessment of the application is formally concluded and made visible by a signature of an employee of the certification body. Internal calculation of audit days for proposal submission see CL Checklist Audit Duration Determination MMS).

For the certification body

Date/signature