

QUESTIONNAIRE

Please complete and return the questionnaire to NQAQSR together with any supporting information relevant to the certification.

On receipt of the completed questionnaire NQAQSR will submit a detailed proposal for the assessment and certification of your Environmental Management System.

Name of Organization.....

Contact Person

Address.....

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Tel.....Fax.....email.....

Description of products, processes and other services provided.

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Location of Sites for Registration

1).....No. of employees.....

SI No	No of Employees including part time employees and contractor employees				
1	General Shift	First Shift	Second Shift	Third Shift	Total Employees

2).....No. of employees.....

SI No	No of Employees including part time employees and contractor employees				
1	General Shift	First Shift	Second Shift	Third Shift	Total Employees

Has environmental Impact assessment been conducted (Yes/No)

If Yes, by whom?.....

Please answer the following questions by circling the applicable code

Y = Yes, N = No, NA = Not Applicable, H = High, M = Moderate, L = Low

a) Level of your usage of following resources and raw materials

Electricity	H / M / L	Paper	H / M / L
Water	H / M / L	Chemical	H / M / L
Gas	H / M / L	Plastic / Rubber	H / M / L
Minerals	H / M / L	Paints / Solvents	H / M / L
Wood	H / M / L	Coal	H / M / L

b) Have you conducted a Life Cycle Analysis on your product Y/N/NA

c) Have you identified all environmental aspects of your organization's activities, products and services. Y / N / NA

d) What is the level of knowledge of environmental issues possessed by your staff

Senior	H / M / L	Tech & Commercial	H / M / L
Middle	H / M / L	Operators	H / M / L

e) Please indicate application of environmental legislation and your Level of compliance

1) Environmental protection regulations	Exists Y/N	Compliance H / M / L
2) Pollution Control Regulations	Y/N	H / M / L
3) Water pollution regulations	Y/N	H / M / L

f) Are you operating a "Prescribed Process" within the context of environmental Protection Y/N

g) Are you required to work to a "Discharge Consent" for water. Y / N

h) Are you in "Registered Carrier of Waste" for Environmentally sensitive waste material. Y / N

i) Are you in regular contact with any of the following regulatory bodies

National or Local Environmental Protection Department	Y / N
National or Local Authority for Environmental Protection	Y / N
National or Local Water Authorities	Y / N

j) Please list anything you are measuring for your plant effluents

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k) Please list emissions to atmosphere, you are measuring.

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l) Indicate recycled material used together with % of total usage

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m) Is your site in or likely to be included in a listing of Contaminated Land Y / N

n) Describe your neighborhood by circling as appropriate

Industrial	Urban
Rural	Commercial

o) Is your site within 2km of designated conservation area Y / N

p) Please detail below any environmental aspects & issues relevant to your site, not already indicated in this questionnaire. Use separate sheet if necessary

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q) Please list any other certificate of registration granted by any other certification bodies

ISO 9001:2008/ OHSAS 18001:2007	Y / N
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r) Please list any Trade Associations to which the Company is affiliated

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Signed : Please complete and return to :

NQAQSR CERTIFICATION PVT. LTD.

Name: 107/55, 1ST FLOOR, MADHUVAN BUILDING, NEHRU

Title: PLACE, NEW DELHI - 110 019

Date: Tel. : (011) 46542671/72/73 Fax : 41636292

E-mail : info@nqacertification.com

