



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

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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:

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1.2 Is your organization part of some larger organization? YES NO
If 'YES' give name of holding company.

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2 Number of Employees

Please give total in the company for which registration/certification is being sought.

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Note: 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. Other Information

3.1 Does your firm currently hold any other certifications? YES NO

If 'YES' give details.
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3.2 Are you currently seeking approval/registration from other Bodies? YES NO

If 'YES' give details
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3.3 Did you seek the assistance of a Consultant during the development of your management system? YES NO

If 'YES' which Consultancy Firm?
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Give names of the person(s) involved in the consultancy services

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3.4 (a) What other departments of KEBS do you interact with and which services/ activities do these departments offer to your organization?

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(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 of each shift and the average number of personnel per shift

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3.6 Which statutory and regulatory requirements are applicable to your organization? Kindly list the sections/subsections of the law

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3.7 Scope(s) requested:

KEBS CB Code	Description	Corresponding Food Chain Categories	Corresponding EAC Codes	Tick if applicable
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	-	16, 28	
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	Health 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. Product/Service Details

4.1 Organization seeking registration for:

ISO 9001:2008

ISO 14001:2004

ISO 22000:2005

HACCP

ISO 27001:2005

OHSAS 18001:2007

Any other

4.2 Tick as appropriate all the business activities in which your firm is involved.

Design

Manufacture

Distribution

Non Destructive testing (NDT)

Installation

Repair

Maintenance

Stockiest

Others (please specify)

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4.3 Please describe, within the space provided, the **scope** (products/services or product categories and processes) for your firm's activities for which registration/certification is sought and which will define your product range or services to potential customers.

(Where relevant quote Kenya Standard or any other Standard number(s)/ tolerances/ materials/ maximum sizes/weight, etc.)

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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?

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4.6 List any other products or services offered, or department(s) for which registration is NOT being sought:

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5. Management system

5.1 Have you developed the necessary management system documentation?

YES NO

5.2 Are the employees in the organization aware of the management system?

YES NO

5.3 What training (if any) have the employees undergone in relation to the management system?

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5.4 How soon (specify in weeks or months) does your organization wish to be registered?

(Please note that management system documentation must be submitted to KEBS at least 3 weeks before the date of audit)

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6. Additional information for clients applying for Food safety management system (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 have any clients with special needs i.e., groups of users/consumers known to be especially vulnerable to specific food safety hazards? Kindly list them below, if any.

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7. How did you learn about KEBS certification services?

Customer Personal Contacts Seminar
Exhibition Recommendation Supplier
Others Please state:

8. Certification 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

PART B:

FOR KEBS OFFICIAL USE

1. Decision to undertake system audit: YES NO

Justification for the decision:

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2. (a) Calculated audit time: Auditor days

(b) Justification (refer to CER/OP/01):

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Signed:
Name Signature Date