DQS Inc. Sustainability Registration Program

RP-1S Preliminary Information

The information requested is essential for DQS to understand your organization and determine the resources required for Sustainability Programs (SP). These Programs include: ISO14001 Environmental Management Systems (EMS); OHSAS 18001/ISO 45001 Occupational Health and Safety Management Systems (OHS), RCMS and RC14001 Responsible Care Technical Specifications, and ISO50001 Energy Management Systems. . Please provide as much detail as possible. If a question does not apply, please indicate with “N/A.” If you have questions about completion of this form, or any other aspect of DQS Inc. Registration Programs, please call us at **1-800-285-4476**.

# 1. Contact Information:

If you seek DQS' services for more than one facility, please complete a separate form for each facility.

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| 1.1 | Company Name:        |
| 1.2 | Facility physical address (please do not include P.O. boxes):       |
| 1.3 | Name of Management Representative:        |  |
| 1.4 | Management Representative Title:       |  |
| 1.5 | Management Representative Telephone number:       |
| 1.6 | Email address:        |
| 1.7 | Does your company do business under any other name?[ ]  Yes [ ]  No If yes, please list the alternative name.        |
| 1.8 | Is your company part of a larger organization? [ ]  Yes [ ]  NoIf yes, please give name of holding company.       |

# 2. Services

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| 3.  | To which Standard(s) / Specification(s) are you seeking registration? [ ]  ISO 14001 [ ]  ISO 50001 [ ]  OHSAS 18001 [ ]  ISO 45001 [ ]  RC 14001 [ ]  RCMS Option 1 (with surveillances) [ ]  RCMS Option 2 (without surveillances) Other        |
| 2.2 | Is your facility Registered to ISO 9001 or similar management system Standards? [ ]  Yes [ ]  NoIf yes, to which Standards (TL 9000, IATF 16949, etc.):       |

# 4. Locations, Shifts, and Employee Counts

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| 3.1 | Total number of employees at the facility (including temporary employees):       |
| 3.2 | Current number of work shifts:       |
| 3.3 | How many of the total employees work in operations that are performed on multiple shifts?       |
| 3.4 | How many shift operation employees do you average per work shift?       |
| 3.5 | How many of the total employees work part time? What are the total hours per work week on average of these part time employees? Please answer N/A if you do not want this consideration       |
| 3.6 | How many of the total employees perform duties that are only partially within the scope of operation? What are the total hours per work week on average that is within the scope of certification for these employees? Please answer N/A if you do not want this consideration       |
| 3.7 | Do you have a high number of employees performing simple repetitive operations or do you have temporary unskilled labor? If yes, please provide relevant details including the number of employees involved in this type of work and the nature of work. Please answer N/A if you do not want this consideration       |
| 3.8 | Are there any temporary locations or field work to be included in the scope of the registration? (construction sites, project sites)       If yes, please describe       |
| 3.9 |  Are there any other personnel performing work to be included in the scope? (Seasonal, temporary)       If yes, please describe       |

# 5. Scope and Activities

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| 4.1 | How many locations will be involved?      If you are requesting a quote for more than one location, please complete the remaining questions for the main site and use the template at the end of this form to include information for additional locations. |
| 4.2 | Do you subcontract out any EHS processes? |
| 4.3 | What are the key production and/or service processes that apply to the manufacturing, service, design, or design technology processes? (Examples include: molding, welding, and/or forming)       |
| 4.4 | Do you have any outsourced processes, activities, product, and/or services that are in the proposed scope of registration? [ ]  Yes [ ]  NoIf yes, please describe.        |
| 4.5 | What is the proposed scope you are proposing for your management system?         |
| 4.6 | Does any work take place on customer premises, for which your organization is responsible? [ ]  Yes [ ]  NoIf yes, please describe.        |
| **5. Translator and Use of Consulting Services** |
| 5.1 | Are you using a consultant? [ ]  Yes [ ]  No If yes, please list.       |
| 5.2 | Is there anyone in the organization that cannot communicate verbally in English?[ ]  Yes [ ]  NoIf yes, please specify:Language(s):      Number of Employees:       Process(es) where they work:       Is there a need for written language skills other than English? [ ]  Yes [ ]  NoIf yes, please specify language(s):        |

# 6. Core Services

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| 6.1 | Are you an existing customer?       |
| 6.2 | Are you interested in integrated audits of the management system? [ ]  Yes [ ]  No  |
| **If you answered No to question 6.2, please skip questions 6.3-6.11** |
| 6.3 | Please list the standards which are integrated.        |
| 6.4 | Do you have integrated documentation including work instructions to a good extent? [ ]  Yes [ ]  No  |
| 6.5 | Do you have an integrated management review that considers the overall business strategy and plan? [ ]  Yes [ ]  No  |
| 6.6 | Do you have an integrated approach to internal audits? [ ]  Yes [ ]  No  |
| 6.7 | Do you have an integrated approach to policy and objectives? [ ]  Yes [ ]  No  |
| 6.8 | Do you have an integrated approach to processes? [ ]  Yes [ ]  No  |
| 6.9 | Do you have an integrated approach to improvement mechanisms like corrective action, risk-based approach, measurement, and continual improvement? [ ]  Yes [ ]  No  |
| 6.10 | Do you have an integrated management with responsibility and authority for conformance of all management systems? [ ]  Yes [ ]  No  |
| 6.11 | Please add any comments in regard to the integration questions if explanations are needed.        |
| **Core Services** |
| 6.12 | Does your organization fall under export control requirements which require the auditor to have a specific citizenship?[ ]  Yes [ ]  NoIf yes, please list the requirements      |
| 6.13 | Please list any processes/products that cannot be assessed because they are classified:       |

# 7. Environmental – ISO 14001, Occupational Health and Safety – OHSAS 18001 and ISO 45001, Responsible Care – RC14001 and RCMS

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| 7.1 | Are there any site-related factors, including proximity to sensitive environments (e.g. wetland, flora, fauna, and human communities) that could be impacted by the organization’s activities? [ ]  Yes [ ]  No If yes, please identify:  |
| 7.2 | What are you site’s significant environmental aspects (EMS)?        |
| 7.3 | Please describe the significant risks and hazards that apply to your organization (If applying for an OHS or RC):        |
| 7.4 | Are there any functions of your environmental and/or OHS program that are performed at other locations (i.e. warehouses, design centers, satellite manufacturing sites, administrative office, etc.)? [ ]  Yes [ ]  No If yes, please identify the locations:        |
| 7.5 | What are the regulatory requirements applicable to the environmental and/or OHS activities, products and/or services which are included in the proposed scope of registration?  (e.g. air emission control, waste water treatment, hazardous waste, forklifts, etc.)        |
| 7.6 | Does the organization have any processes, environmental aspects, or impacts relating to emissions to air, releases to land, releases to water, uses of raw materials, energy and natural resources, energy emitted (all types) and waste? [ ]  Yes [ ]  No If yes, please describe:       |
| 7.7 | Please identify significant hazardous material, equipment, or processes that apply:        |
| 7.8 | For EMS, please indicate your status as a Hazardous Waste Generator (LQG, SQG, CESQG):         |
| 7.9 | Are the environmental and/or OHS functions performed at the corporate or division level? [ ]  Yes [ ]  No If yes, please identify:        |
| 7.10 | Please list all remediation projects:       Please indicate who is responsible for oversight of remediation projects:        |
| 7.11 | For EMS, does your facility have a Waste water treatment operation or Pre-treat (pH adjustment)? [ ]  Yes [ ]  No Please detail:        |
| 7.12 | Please list all the product lines and/or services that are provided under your facility’s environmental and/or OHS system, and identify the corresponding SIC, NAICS, EA, or NACE codes:        |
| 7.13 | Does the facility have safety requirements regarding clothing and/or protective equipment? [ ]  Yes [ ]  NoIf protective equipment is required, is it provided at the facility (Steel toe shoes, safety glasses, side shields, hearing protection, respirators, clean room suits, etc.)? [ ]  Yes [ ]  No |
| 7.14 | Please list any safety restrictions for visitors (contact lenses, beards, dresses, etc)        |
| 7.15 | Does the facility have any other special safety requirements? [ ]  Yes [ ]  No If yes, please list:       |
| 7.16 | Does the facility require a Chemical Terrorism Vulnerability Information (CVI) Authorized User Certificate? [ ]  Yes [ ]  No |
| 7.17 | RC only– Are you an ACC Member Organization? [ ]  Yes [ ]  No |
| 7.18 | RC only - Have you fully implemented the ACC guiding principles? [ ]  Yes [ ]  No If no, please describe       |

# 8. Energy Management System (EnMS) Information

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| 8.1 | Does the facility have a documented EnMS? [ ]  Yes [ ]  NoIf so, how long has it been in operation?      If not, please note when the documentation and implementation of the EnMS will begin and be completed.        |
| 8.2 | Please identify the boundaries of the registration       |
| 8.3 | Are there any EnMS functions that are performed at off site facilities / locations other than the one represented by this RP-1S form? (i.e. warehouses, design centers, satellite manufacturing sites, administrative offices etc.)? [ ]  Yes [ ]  No If yes, complete the following:Company Name:      Address:      Function:       |
| 8.4 | List any processes / services to be included in the scope of registration that are outsourced:. |
| 8.5 | Are any EnMS functions performed at the "corporate" or "division" level? [ ]  Yes [ ]  NoIf so, what?        |
| 8.6 | Please list regulatory requirements related to energy management (federal, state, regional, local):        |
| 8.7 | Is there a process to identify or conduct: energy use and consumption; energy review; energy baseline, with verifiable objectives, targets and action plans? [ ]  Yes [ ]  No |
| 8.8 | Has design for energy improvement efficiency and procurement been included in the EnMS? [ ]  Yes [ ]  No |
| 8.9 | Please specify any special activities or consideration relative to your EnMS:      |
| 8.10 | Number of employees in the energy management team, including top management:       |
| 8.11 | Of that total , how many are responsible for major changes affecting energy performance:       |
| 8.13 | Number of people responsible for effectiveness of the EnMS:       |
| 8.14 | Number of people responsible for developing, implementing, or maintaining energy performance improvements, including objectives, targets, and action plans:       |
| 8.15 | Number of people responsible for significant energy uses:       |
| 8.16 | What are the main energy sources and their total annual energy consumption in units of KwH, MMBtu, or TeraJoules?       |
| 8.17 | Please list all insignificant sources of energy and the total energy consumption. All must be identified      |
| 8.18 | What is the number of significant energy uses (SEUS)?      |

# 9. Service Delivery Timeframe

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| --- | --- |
| 9.1 | What is the preferred month you’d like to have your certification assessment?       |
| 9.2 |  If you would like an optional gap assessment, what is the preferred month you’d like to have it?       |

# 10. Additional Information

Please provide any additional information that you feel may be helpful as we prepare and conduct the auditing or sustainability program activities you have requested.

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| 10.1 |         |

# 11. Submission

Please note the individual or group completing this information on behalf of the facility seeking registration. Thank you for your cooperation in completing this form.

Date:      Name:

Position:

DQS Inc. Multiple location identification Sheet

You can utilize this sheet to identify the locations of your organization that will be included in the proposed scope of operations. Use multiple sheets if needed.

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| Facility Address(include zip code and country) | Main functions(i.e. manufacturing, warehouse, sales, etc) | If requesting quote for Multiple standards, please indicate to which standards this location will be applicable to: | Site Scope | Head-count | No. of shifts | Comments |
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