



Client Information Form (CIF)

GT002, rev. 2

Document # GF101-1

Release Date: 15/11/2009

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SECTION 1: CLIENT INFORMATION

Client Name and Address:

Contact Person:

Title:

Telephone Number:

Billing Address (if different):

Fax Number:

Email:

Website:

Total # of Employees *

Language(s) used

shifts and pattern

of Emp./shift *

* Employees include permanent and non-permanent (seasonal, temporary and sub-contracted) personnel

SECTION 2: MANAGEMENT SYSTEM INFORMATION

Project Type: A. Initial Certification B. Change in Scope – Addition of Products/Services
C. Re-Certification D. Change in Scope – Addition of Sites or Decrease of Scope
E. Transfer of Certificate Reason: Cost Service Other _____
If E, attach copy of current certificate
F. Upgrade G. Upgrade From: _____ (specify)

Certification is requested for the following standard(s):

| | | | | |
|----------------------------|---------------------------------------|--|--|---------------------------------|
| Quality | <input type="checkbox"/> ISO 9001 | <input type="checkbox"/> Other QMS Audit Criteria: | | |
| Automotive | <input type="checkbox"/> ISO/TS 16949 | Please identify the automotive customers: | | |
| Food | <input type="checkbox"/> ISO 22000 | <input type="checkbox"/> Other | | |
| Health & Safety | <input type="checkbox"/> OHSAS 18001 | <input type="checkbox"/> Other | | |
| Environment | <input type="checkbox"/> ISO 14001 | <input type="checkbox"/> GHG Verification | <input type="checkbox"/> Verification of Sustainability Report | |
| Aerospace | <input type="checkbox"/> AS9100 | <input type="checkbox"/> AS9110 | <input type="checkbox"/> AS9120 | <input type="checkbox"/> AS9003 |
| Inform. Tech. | <input type="checkbox"/> ISO 27001 | <input type="checkbox"/> ISO 20000-1 | <input type="checkbox"/> BS 25999 | |

Other (please specify):

Are you currently certified? Yes No If Yes, to which Audit Criteria? By whom?

Scope of certification:

Is Design applicable (for quality related standards only) YES NO
Are some processes outsourced? YES (If yes, please specify): NO

Audit Frequency 12-month 9-month 6-month Anticipated Date of Certification:What currency shall be used for the offer? CDN Euro INR Pound SEK USD Other: _____

SECTION 3A: GENERAL FEATURES OF THE ORGANIZATION

Per your scope, what are the significant processes and/or products covered under the certification?

Are there legal/regulatory requirements relevant to the scope of the certification (i.e. National Environmental, Health & Safety, etc. regulations)?



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Are any of the sites to be covered by the certification subject to any legal/regulatory requirement that would require the auditors (whether national or foreign) to hold any specific security clearance? YES NO
 If Yes: please provide specific details:

SECTION 3B: FOR OHSAS 18001 AUDIT CRITERIA ONLY (most significant hazards/risks of your organization)

Fire Safety

Electricity

Hazardous Substances

Machinery Safety

Air Quality

Other, Specify:

SECTION 3C: FOR ISO14001 AUDIT CRITERIA ONLY (most significant environmental aspects of your organization)

Emissions to air, including noise

Releases to land and water (including storm sewers, other surface waters, sanitary sewer, and ground water)

Waste management, (hazardous, non-hazardous, and special: batteries, bulbs)

Use of raw materials and natural resources, (including distribution, transportation, energy and water us)

Other local environmental issues (including end of life of product)

Other, Specify:

SECTION 4: MULTISITE INFORMATION (where applicable)

Multi-site (Corporate Scheme Certification) Multi-site (Separate Certificates) Support Functions

1. Does the scope of certification embrace the activities of all sites? YES NO
2. Is the same management system policy in effect at all sites? YES NO
3. Is the management system documentation in effect applicable at all sites? YES NO
4. Are internal audits conducted at all sites and scheduled and reviewed centrally? YES NO
5. Are the following activities managed at one central site?
 - Evaluation of Corrective Action YES NO
 - Management Review YES NO
 - Complaints YES NO
 - System Documentation and System Changes YES NO
 - Objectives and Targets (for EMS certification only) YES NO NA
 - Environmental aspects (for EMS certification only) YES NO NA
 - Hazard and Risk evaluation (For OHSAS certification only) YES NO NA
6. Are activities/processes subject to certification / registration carried out in a similar manner at different sites, all under the organization's control? YES NO
7. Are all sites located at proximity (QMS only)? YES NO
8. Are major product realization and management processes performed at one site complementary to those performed at the other sites (no duplication of major processes from one site to the other ones) (QMS only)? YES NO
9. Are all "facilities" are located on the same physical site, or sites located at close proximity(EMS only)? YES NO

| Type * | <input type="checkbox"/> Multi-Site Address or <input type="checkbox"/> Support Functions Address | Activities site | # of Emp. | # of Shifts |
|---|---|-----------------|-----------|-------------|
| HO | | | | |
| | 1- | | | |
| | 2- | | | |
| | 3- | | | |
| Total number of employees supporting other locations? | | | | |

*Site Type Legend **HO** = Head Quarters/Head Office **SC** = Service Center **DC** = Distribution Center
RO = Regional/Divisional Office **MS** = Manufacturing Site **SO** = Sales Office
WH = Warehouse **O** = Other **T** = Temporary site

Add as many lines as needed

SECTION 5: ADDITIONAL INFORMATION



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Please provide any additional information that could help us have a better understanding of your organization

SECTION 6: GENERAL

Have you used a consultant? Yes No If Yes, whom? _____

Are you using Intertek for other services? Yes No If Yes, where/what? _____

How did you hear about Intertek?

Another Company Consultant Magazine Seminar/Webinar Direct Mail Website/Search Engine
 Trade Show Sales Call Other (please specify): _____

Form Completed By:

Title:

Date: