

QUESTIONER FOR PROVING CONSULTING SERVICES

If you are interested in consulting services please send the completed questionnaire in electronic form to institut@mdindtitut.co.rs or by post to the address „MD PROJEKT INSTITUT“ DOO, TRG KRALJA ALEKSANDRA UJEDINITELJA 2/5, 18000 NIŠ

Upon receipt of the completed questionnaire, "MD PROJECT INSTITUTE " will prepare and submit The Offer with the details of implementation of the chosen management system and all costs.

INFORMATION ABOUT THE COMPANY	
NAME OF THE COMPANY:	
ADDRESS:	
FORM OF THE ORGANIZATION (LLC, JSC, ...):	
PIN:	
TIN:	
TELEPHONE:	
FAX :	
WEB	
E-MAIL:	
GENERAL MANAGER:	
CONTACT TELEPHONE:	
REPRESENTATIVE	
CONTACT TELEPHONE:	
HAVE YOU ALREADY BEEN IN CONTACT WITH "MD PROJECT INSTITUTE"	
HAVE YOU ALREADY USED THE SERVICES OF "MD PROJECT INSTITUTE"	
YOU HAVE HEARD FOR "MD PROJECT INSTITUTE" FROM:	
<ul style="list-style-type: none"> • CERTIFICATION HOUSE: • BROWSING THE INTERNET: • OTHER (PLEASE STATE) 	
DATA ABOUT THE MANAGING SYSTEM	
CERTIFICATION STANDARDS:	
<ul style="list-style-type: none"> • ISO 9001 • ISO 14001:2004 • OHSAS 18001:2007 • ISO 9001, 14001, 18001 • HACCP 	
DATE OF SYSTEM IMPLEMENTATION	
DATE OF PRE EVALUATION	
WISHED DATE OF CERTIFICATION	1
IF YOU ALREADY HAVE CERTIFIED MANAGEMENT SYSTEM PLEASE STATE WHICH ONE AND THE NAME OF THE ORGANIZATION THAT ISSUED THEM:	
AREA OF APPLIANCE OF THE CERTIFICATE * (MANDATORY)	

ARE THERE SAME ARTICLES FROM THE ISO 9001 STANDARD THAT YOU HAVE EXCLUDED FROM YOUR MANAGEMENT SYSTEM AND IF THERE ARE STATE WHICH ONE (FOR EXAMPLE 7.3 DESIGN AND DEVELOPMENT)	
HAVE YOU CARRIED OUT THE REVIEWING BY THE MANAGEMENT?	
HAVE YOU CARRIED OUT THE INTERNAL CONTROL?	
EMPLOYEES	
TOTAL NUMBER OF EMPLOYEES:	
NUMBER OF PERMANENT EMPLOYEES:	
NUMBER OF TEMPORARY EMPLOYEES:	
NUMBER OF MANAGEMENT EMPLOYEES:	
NUMBER OF PRODUCTION AND DEVELOPMENT EMPLOYEES:	
NUMBER OF DIRECTION EMPLOYEES:	
SHIFTS (NUMBER OF SHIFTS/NUMBER OF EMPLOYEES WORKING IN SHIFTS AND THEIR ACTIVITIES:	
ACTIVITY	
WHAT IS THE MAIN ACTIVITY OF THE COMPANY?	
TYPE OF PRODUCTION AND SERVICES PROVIDED	
HOW MANY LOCATIONS DO YOU WISH TO CERTIFICATE?	
(IF YOU WISH TO CERTIFICATE SEVERAL LOCATIONS, NAME THE ADDRESSES)	
OCCUPATIONAL SAFETY AND HEALTH	
DO YOU HAVE THE POLICY OF ENVIRONMENT PROTECTION	
LIST OF MOST IMPORTANT ASPECTS OF ENVIRONMENT PROTECTION AND LIST OF MOST IMPORTANT LAWS/REGULATIONS	
REPRESENTATIVE FOR EMS	
FUNCTION	
ENVIRONMENT PROTECTION	
DO YOU HAVE THE POLICY FOR OCCUPATIONAL SAFETY AND HEALTH	
DO YOU HAVE RISK ASSESSMENT AT THE WORKPLACE AND WORKING ENVIRONMENT	
DO YOU USE ANY HAZARDOUS MATTER WHICH CAN ENDANGER LIFE AND HEALTH OF THE EMPLOYEES	
DO YOU USE/ISSUE ANY HAZARDOUS	
REPRESENTATIVE FOR OHSAS	
FUNCTION	
<i>SIGNATURE</i>	2
<i>FUNCTION</i>	
<i>DATE</i>	

