

## Basic Information & Questionnaire

The information requested in Forms QA-90 & QA-91-1~5 is essential for the BSMI to assess the operations of your organization. Please provide as much detail as possible. If a question does not apply, or you cannot provide an answer, please write "N/A".

### 1.0 Basic Information:

1.1 Are there any quality system functions that are performed at activities or locations other than the one represented in the QA-90 form? Please detail below:

Name of the locations: \_\_\_\_\_

Address: \_\_\_\_\_

Function: \_\_\_\_\_

Name of the locations: \_\_\_\_\_

Address: \_\_\_\_\_

Function: \_\_\_\_\_

### 1.2 Facility information

1.2.1 Approximate the facility size (square footage): \_\_\_\_\_

1.2.2 Total number of employees at the facility: \_\_\_\_\_

1.2.3 Total number of employees in administration: \_\_\_\_\_

1.2.4 Total number of employees in the quality department: \_\_\_\_\_

1.2.5 Total number of employees in the design department: \_\_\_\_\_

1.2.6 Total number of employees in the production

/service department: \_\_\_\_\_

1.2.7 The number of employees who are shift workers, and the current number of shifts: \_\_\_\_\_

1.3 The operational schedule of the facility being considered for registration  
(please check the appropriate box)

- A. Continuous (year round)                       C. Planned shutdowns  
 B. Seasonal (parts of the year)

If either "B" or "C" was selected, please provide detailed dates.

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1.4 Please provide details of any off-site warehouse locations.

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1.5 Are any of the manufacturing/service processes performed by  
subcontractors?

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1.6 Please provide details of any approval granted by other certification  
bodies.

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1.7 How many production or service lines are located at the facility?

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**2.0 Quality System:**

2.1 How long has your quality system been implemented?

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2.2 Are you using, or considering using a consultant?

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2.3 Has your quality system conducted at least one complete internal audit and the management review?

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**3.0 Principal Equipment:**

3.1 Production equipment used?

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3.2 Inspection/measuring/testing equipment used?

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#### 4.0 Safety Requirements:

4.1 Does the facility have safety requirements regarding clothing and/or protective equipment? If protective equipment is required, is it provided at the facility?

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4.2 Are contact lenses, beards, long hair, loose clothing, etc. allowed?

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4.3 Are there any hazards at the facility (e.g., radiation, toxins, etc.)? If so, are there gender requirements with regard to the hazards?

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4.4 What is the noise level of the processes at the facility?

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4.5 Does the facility have any other special safety or cleanliness requirements?

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**5.0 Other Information:**

5.1 Does your firm have preferred dates on which an assessment can take place?

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5.2 Please provide any additional information, which you feel, may be helpful as we prepare and conduct the auditing activities you have requested.

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Thank you for your assistance in completing this questionnaire. Please sign below, indicating your title and the date.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_