

SERVICES QUESTIONNAIRE

服务问卷调查表

Please complete this questionnaire in detail and attach any relevant supporting information describing the Company's scope of operation, e.g. Company brochures or publicity material.

请详细填写这张调查表，并附上有关公司经营范围的说明性材料及公司简介材料。

On receipt of the completed questionnaire, Intertek will prepare and submit a proposal detailing assessment costs and time scales.

收到填好的调查表后，Intertek 将准备并提交一份有关评审费用和时间的建议书。

请将此份调查表传真至：

Please Return The Questionnaire To Fax: (021) 6495 4500

Fax: (021) 6495 4500 Tel: (021) 6121 3008

1) Company Name (公司名称) :
 English or Chinese (英文或中文) _____
 Address & P.O. (地址和邮编) : _____
 English or Chinese (英文或中文) _____
 Tel No. (电话) : _____ Fax No. (传真) : _____ E-mail : _____

2) Contact Person : English (英文) _____
 联系人 Chinese (中文) _____
 Position : English (英文) _____
 (职位) : Chinese (中文) _____

3) Which kind of services want to obtain registration now? Please tick appropriate box. 3) 贵公司现在需要申请何种服务？请在相应的方框中打勾。

<input type="checkbox"/> GMP /HACCP	<input type="checkbox"/> SQF1000/SQF2000	<input type="checkbox"/> ISO9001:2000
<input type="checkbox"/> Organic	<input type="checkbox"/> GMO(转基因测试/认证)	<input type="checkbox"/> ISO14000
<input type="checkbox"/> ISO22000	<input type="checkbox"/> 国际验货	<input type="checkbox"/> 供应商审核
<input type="checkbox"/> BRC/IFS	<input type="checkbox"/> 其他 _____	

4) Please describe the services require which it is intended to include within the scope 4) 请详细描述服务需求的要求。
 English/(中文) : _____

• 以下 5、6、7、8 项申请国际体系认证填写：

5.) Please describe the Manufacturing practices about your product within the scope of registration. 5) 请描述注册范围内产品的主要生产工艺流程。

Activity /Processes: 主要生产加工工艺 流程描述	
--	--

6) How many HACCP reference plan numbers are covered by this scope? 6) 有多少个 HACCP 方案将进行审核？

7) Does your product or service have to comply with statutory and / or regulatory requirements or codes of practice?

- No If YES, please specify (Eg. FDA, GMP, Vendor Quality Systems, etc.)
 Yes 如果是, 请指出(如: FDA, GMP, Vendor Quality Systems, etc.)

7) 您的产品或服务是否要遵从强制性法规或法规要求

8) A. What is the total number of employees in the organization to be registered?
B. Total in the management level?
C. Total in workers?
D. Does your company have shifts? If so, what is the total in day-shift?
How about your working hours and shifts?

8) A. 贵公司拥有的总员工人数?
B. 其中管理人员数?
C. 其中工人人数?
D. 贵公司是否有翻班?如有, 请注明每班的人员数。
并请详细描述贵公司的工作时间和翻班情况。

9) Who are your major customers? What is the tier level in chain? (if applicable)

9) 贵公司的主要客户是谁? 属第几级供应商?

10) If there are any process or services subcontracted out? Is it necessary to be included in scope?

10) 贵公司有无分供方提供的生产程序或服务?

11) Where did you hear of Intertek Services (China)?

11) 您在何处获悉 Intertek 的服务?

12) Please advise your preferred certification schedule:

12) 请提供贵公司计划:

Contract date: _____

签约日期: _____

Signed: _____

填表人: _____

Date: _____

日期: _____