

ISO 14001 CLIENT INFORMATION FORM ISO 14001 客户信息表

Proposal #: _____
方案号

Requestor: 申请人:	Date Submitted: 提交日期:		
Company Name: 公司名称:			
HQ Address: 总部地址:		Client Contact: 联系人	
		Title: 职务	
		Email: 电子邮件	
		Telephone: 电话	
		Fax: 传真	
Audit site (if different) 审核地点 (如异于上址)		Billing address (if different) 发票地址 (如异于上址)	
Total number of Employees within EMS System: 环境管理体系(EMS)的员工总数	On shift 1: 第一班员工数	Shift 2: 第二班员工数	Shift 3: 第三班员工数
Name/Title of Environmental Management Representative: 环境管理代表姓名/职务:			
Name/Title of person(s) responsible for identification of legal and other requirements: 法人代表姓名/职务			
Name/Company of consultant (if applicable): 咨询人员姓名/咨询公司名称(若有)			
Number of sites to Register: 申请认证地点数: Same Certificate? <input type="checkbox"/> Yes, Please list additional sites on a separate sheet. 出具一张证书 <input type="checkbox"/> 是, 请附纸列出其他认证地点 <input type="checkbox"/> No, please complete this form for each location/division seeking individual certification <input type="checkbox"/> 否, 请为各个需要认证的地点/部门分别填写本表			
Size of facility Site: _____ (acres <input type="checkbox"/> other unit _____ approximate <input type="checkbox"/> or actual <input type="checkbox"/> 机构规模 总面积: (英亩 <input type="checkbox"/> 其他单位 _____ 近似值 <input type="checkbox"/> 或 精确值 <input type="checkbox"/> Buildings _____ (sq. ft. <input type="checkbox"/> other unit _____ approximate <input type="checkbox"/> or actual <input type="checkbox"/> 建筑物: (平方英尺 <input type="checkbox"/> 其他单位 _____ 近似值 <input type="checkbox"/> 或 精确值 <input type="checkbox"/>			
Indicate any other companies or organizations with whom you share your site: 请注明与您的公司共同使用办公地点的其他公司或组织 :			
Indicate any divisions which operate Environmental Management Systems independent of your own but with whom you share your site: 请注明与您的公司共同使用办公地点但独立运行环境管理体系的其他公司 :			

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Please enclose any relevant marketing material, site map(s) and emergency evacuation plans that will assist us in understanding your organization's activities 请附上有关的市场资料，工厂地图和紧急疏散方案，以便我们了解贵司的业务活动	
Please indicate your preferred "Scope of Approval" 请说明您所希望的“认证范围”	
Project Type: 项目类型	A. <input type="checkbox"/> Initial Registration A. <input type="checkbox"/> 首次认证 D. <input type="checkbox"/> Transfer of Certificate D. <input type="checkbox"/> 换证
	B. <input type="checkbox"/> Change in Scope B. <input type="checkbox"/> 改变认证范围 E. <input type="checkbox"/> Upgrade E. <input type="checkbox"/> 升级
	C. <input type="checkbox"/> Re-Certification C. <input type="checkbox"/> 重新认证 If B, C, D, or E, list Cert. No. _____ 若是 B,C,D 或 E 项, 注明证书号
When do you anticipate being ready for the assessment? (Month/Year) _____ 您预定进行审核的时间？(月/年) It is recommended that your Environmental Management System has been implemented and operational for a period of at least 3 to 6 months prior to the assessment in order to generate the documentation to support the effectiveness of your system. 为保证您有足够的文件来表明体系运行的有效性，建议在进行审核前先运行环境管理体系 3 至 6 个月	
How did you hear about ITS Intertek Services? <input type="checkbox"/> Another Company 您是如何得知 ITS 的？ <input type="checkbox"/> 其他公司 <input type="checkbox"/> Seminar <input type="checkbox"/> 研讨会	
<input type="checkbox"/> Consultant <input type="checkbox"/> 咨询人员 <input type="checkbox"/> Other - Please Specify: _____ <input type="checkbox"/> 其他-请注明	
<input type="checkbox"/> Magazine <input type="checkbox"/> 杂志	

List your organization's significant environmental aspects (SEA) and principle processes. Indicate processes that are regulated. If regulated, specify in Notes box in next section below. Enter the estimated number of employees associated with each impact. Indicate if you have determined a related Significant Environmental Aspect (SEA). Is this activity managed by your EMS? Check if the impacts have objectives (Obj) or are Regulated (REG). Attach list or additional items on separate page .

Note: There are multiple potential impacts for every material for which you have an MSDS, from your products, from your off-site services, and from your suppliers and contractors.

请注明贵公司的重大环境因素和主要生产过程。注明已受控的生产过程。若已进行控制，请在下框中详细描述。并注明估计的每一环境因素的相关人数。注明已确定的重大环境因素 (SEA)。这一过程活动是否已在你的 EMS 中加以管控？检查这些影响是否已经定有目标或者已被控制。若有需要，可另附页。

注：对于通过你的产品，非现场服务和供应商及承包方而建立的 MSDS (《物资安全资料表》) 的每一种物料，应考虑其多重潜在的影响。

	SEA/Principle Processes (examples: machining, stamping, degreasing, assembling) 重大环境因素/主要工艺过程 (如：加工、冲压、脱脂、装配)	Number of employees 员工数	SEA 重大环境因素	Obj 已有目标	EMS 环境管理体系	REG 已受控
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate which of the following apply 注明以下哪项适用

Apply/Have Activity?适用/已有活动	Yes 是	No 否	Reg 已受控	SEA 重大环境因素	Obj 有目标	EMS 已执行	Notes (Processes) 备注 (过程)
1. Emissions to air, including noise 进入空气的排放物，包括噪音	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Releases to land and water (including storm sewers, other surface waters, sanitary sewer, and ground water. 进入土壤和水体的排放物 (包括雨水、其他地表水、生活污水和地下水)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Waste management, (hazardous, non-hazardous, and special: batteries, bulbs) 废弃物管理 (有害、无害和特殊的：电池)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Use of raw materials and natural resources, (including distribution, transportation, energy and water use. 原材料和自然资源的使用 (包括分配、运输、能源和水的使用)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Other local environmental issues (including end of life of product) 其他当地环境要求 (包括产品生命周期的结束)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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<p>Do you have aspects, activities or other factors that are unusual for your site or organization when compared to other organizations in the same or similar business with a similar number of employees? Check any of the following that apply. Aspects are activities, products or services that can interact with the environment. 与其他同类的人数相访的组织相比，你的场地和组织是否存在一些特殊因素、活动及其他要素？若有以下情况存在，请选择。因素包括会对环境有影响的活动、产品或服务。 Use additional pages if necessary. 如有需要可另附纸。</p> <p><input type="checkbox"/> Complicated logistics (multi-site)复杂的物流系统（多个场地）</p> <p><input type="checkbox"/> Interpreter required 需要翻译</p> <p><input type="checkbox"/> Very large site for number of employees 特大场地</p> <p><input type="checkbox"/> Highly Complex Processes 高度复杂的生产过程</p> <p><input type="checkbox"/> High number of unique activities 多项特殊活动</p> <p><input type="checkbox"/> Design responsibility in product related aspects 和产品相关的设计责任</p> <p><input type="checkbox"/> Multi-shift activities 多班制</p> <p><input type="checkbox"/> Highly sensitive receiving environment (compared to typical for the sector) 对环境高度敏感（与同业一般情况比较）</p> <p><input type="checkbox"/> Views of interested parties 利益相关方的观点</p> <p><input type="checkbox"/> Indirect aspects necessitating additional time (relationship with Corporate office or local authorities) 因间接原因而必须耗费额外时间（与总部或当地政府部门的联系）</p> <p><input type="checkbox"/> Additional/unusual aspects for the sector 行业的附加/特殊情况</p> <p><input type="checkbox"/> Additional/unusual environmental license/regulator conditions for the sector. 行业的附加/特殊环境许可要求/规定</p>	<p>Check which, if any, of the following “subtracting” factors apply and explain. Use additional pages if necessary. 若有以下情况存在，请选择并说明。如有需要，可另附页</p> <p><input type="checkbox"/> Maturity of EMS 成熟的 EMS</p> <p>Date of complete implementation of EMS _____ (may use date of first management review after complete internal audit of EMS.) 完全实施 EMS 的日期 (可填写完成 EMS 内审后的首次管理层评估的日期)</p> <p><input type="checkbox"/> High % of employees doing the same simple tasks. <input type="checkbox"/> 多数员工进行同样的简单劳动</p> <p><input type="checkbox"/> Other Management System already certified. <input type="checkbox"/> 其他已获认证的管理体系</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ISO 9001:1994</td> <td><input type="checkbox"/> AS 9000</td> <td><input type="checkbox"/> TE9000</td> </tr> <tr> <td><input type="checkbox"/> ISO 9001:2000</td> <td><input type="checkbox"/> TL9000</td> <td><input type="checkbox"/> SA8000</td> </tr> <tr> <td><input type="checkbox"/> QS-9000</td> <td><input type="checkbox"/> TS 16949</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 其他</td> </tr> </table> <p><input type="checkbox"/> Health and safety: _____ <input type="checkbox"/> 健康和安</p>	<input type="checkbox"/> ISO 9001:1994	<input type="checkbox"/> AS 9000	<input type="checkbox"/> TE9000	<input type="checkbox"/> ISO 9001:2000	<input type="checkbox"/> TL9000	<input type="checkbox"/> SA8000	<input type="checkbox"/> QS-9000	<input type="checkbox"/> TS 16949	<input type="checkbox"/> Other: _____			<input type="checkbox"/> 其他
<input type="checkbox"/> ISO 9001:1994	<input type="checkbox"/> AS 9000	<input type="checkbox"/> TE9000											
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<input type="checkbox"/> QS-9000	<input type="checkbox"/> TS 16949	<input type="checkbox"/> Other: _____											
		<input type="checkbox"/> 其他											