**R20.28E SRI Registration Survey for ISO 14001 EMS and/or RCMS**

To be used to obtain a quotation proposal for ISO 14001/EMS and/or Responsible Care® Management System (RCMS) Registration by SRI. When completing this information survey, please include each facility involved in the Environmental Management System and Responsible Care® Management System (RCMS) Activities, if applicable. Thank you for your cooperation.

1. **Company Information**
2. Company Name:
3. Division:
4. Address:
5. Issue Proposal to (EMS/RC Contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Same address as above?  Yes  No If No, please provide mailing address.

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E-mail Address: Web Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Fax: \_

1. Designated Audit Contact: Same as EMS/RC Contact above?  Yes  No

If No, please provide all necessary contact information.

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1. List the organization’s primary IAF Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Primary language(s) spoken other than English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you a subsidiary or division of another organization?  Yes  No

If so, whom:

1. Which standard(s) (most current edition) are you interested in being certified to (check all that apply)

|  |  |
| --- | --- |
| ISO 14001:2015 EMS | Responsible Care® Management System (RCMS:2023) |

1. Registration Approach – Which of the following audit approaches would you like proposed?

|  |  |
| --- | --- |
|  | “**Site**” (a stand alone location **OR** multiple locations in close proximity to one another, operating and |
|  | addressing all requirements of the standard collectively, and issued one certificate) |
|  | **Multi-site**” (an organization with multiple sites conducting similar operations, similar scopes, operating |
|  | “under the same management manual and centrally managed. Issued one certificate listing all locations.) |
|  | “**Corporate**\*” (all sites, regardless of proximity, are audited collectively and are under one certificate. If |
|  | the scope/product/processes differ, separate scopes will be required.) |
|  | “**Progressive**\*” (each site audited separately then added to the corporate certificate, when registered. If the |
|  | scope/product/processes differ, separate scopes will be required.) |

Please complete the following table identifying the site(s) to be registered and provide the requested information for each. Note: If the site has different addresses for buildings (located on property) indicate such below:**\***

| **Location and Organization (Sites) including addresses for all buildings, etc.** | **No. Shifts (incl. times)** | **No. of Employees, (incl. temps\*1)** | **Products and/or Services** |
| --- | --- | --- | --- |
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**\*Attach additional page(s) if more space is necessary**

**\*1 Count those performing work related to the EMS / RC activities**

1. Over a typical 6-month period, what is the average daily number of contractors on site that apply to EMS / RC activities?\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are there any exclusions from the scope of certification (i.e., location, product, service)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have dedicated shifts? (Y/N) Describe: .
4. Is production performed on all shifts? (Y/N) Explain:
5. Do you have “Other Requirements” (refer to ISO 14001:2015 paragraph 6.1.3) that may affect your EMS requirements? *(Examples: Voluntary remediation commitments, Voluntary State programs, RoHS, IMDS)* (Y/N)

Describe:

16. If you are applying for RCMS, which option for do you seek (see table below)? \_\_\_Option 1 \_\_\_Option 2

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| --- | --- | --- |
|  | **RCMS Option 1** | **RCMS Option 2** |
| **Scope** | Certification of Management system | Documents conformance to the management system |
| **Audits** | Certification audit at HQ and/or facilities | Conformance audit at HQ and/or facilities |
| **Annual Surveillance Audits** | At HQ and or facilities | None |
| **Company-wide RCMS certification** | Available | Not Available |
| **Type of Acknowledgement** | Certificate | Statement of Conformity |
| **ACC Requirements** | Both Options fulfill Responsible Care Third Party Audit Requirements | |

1. **Time Frame**
2. When are you planning to be ready for the first site's EMS or RCMS (not required for RCMS, optional) Stage 1 audit?
3. When are you planning to be ready for the first site's EMS, or RCMS Stage 2 audit?
4. We typically recommend a Pre-Assessment Audit by SRI. Do your plans include one?

(Y/N) When?

1. **Audit Related Questions** - *(Please attach an organizational chart of your company and the reporting hierarchy of your EMS and/or RCMS organization and a copy of the site(s) map.)*
2. Do you have documentation that complies with the standard (including RCMS, if applicable)? (Y/N)
3. Does your documentation apply to all locations (Corporate)? Or (Y/N)
4. Does each location have its own documentation (site specific)? (Y/N)
5. Are there any activities associated with the EMS and/or RCMS that are conducted outside of the organization or subcontracted activities (on-site or off-site)?

What Activities?

Where?

1. Is Headquarters part of the scope? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other business units? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of Key Suppliers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Transportation/Distribution/Sales Involved in the EMS, and/or RCMS? (Y/N) Describe:
5. Company Property: Owned Leased Sq. Ft. or Acres
6. Describe immediate plant surroundings (i.e., land, rivers, navigable waters, residential):
7. Describe any remediation activities:
8. Number of contractors and/or service providers with significant environmental impacts and describe the service and/or activities provided:
9. Types of Environmental Aspects Identified -- Mark an “X” in each column that applies.

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| **Air Emissions** | | | **Discharges to Water** | | | **Waste Disposal** | | | |
| Dust/Particulate |  | | Sanitary only to septic |  | | Solid (Municipal) Waste | |  | |
| VOCs |  | | Sanitary, and process water discharge to POTW below amounts triggering permit conditions |  | | Used Oil | |  | |
| NOx |  | | Storm water discharge to POTW / common discharge from industrial park |  | | Industrial/Special Waste | |  | |
| SOx |  | | Storm water discharge to waterway per permit conditions |  | | Universal/E-Waste | |  | |
| HAPs |  | | Sanitary and process water discharge to POTW per permit conditions |  | | Asbestos | |  | |
| CFCs |  | | Pre-treated sanitary/process water discharged to POTW per permit conditions |  | | Hazardous Waste | |  | |
| Greenhouse Gases |  | | “Zero discharge” facility/ emergency discharge only (Sanitary/process water is cleaned and recirculated) |  | | Toxic Waste (PCBs) | |  | |
|  | | | Pre-treated sanitary / process discharged to waterway per permit conditions |  | | Radioactive Waste | |  | |
| **Natural Resources** | | **Community** | | | | | **Other Aspects – Please Describe** | |
| Chemical Use |  | Noise | | |  | |  | |
| Water Use |  | Odor | | |  | |
| Energy Use |  | Traffic | | |  | |
| Historic Site |  |  | | | | |
| Wetlands |  |
| Forest |  |
| Protected/Endangered Species Habitat |  |
| Ground Water Protection/Remediation |  |

1. Number of regulatory permits in effect. **Please mark an “X” next to all applicable permits, plans, requirements and controls and describe any others not listed in the space provided**

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| **AIR** | | | | **WATER** | | | |
| Minor Source |  |  | | General Storm Water Permit |  |  | |
| Area Source |  | City Sewer Ordinance |  |
| Major Source |  | NPDES – storm water |  |
| Source Operating Permit |  | NPDES – process water |  |
| Title V/PSD |  | On-Site Pre-Treatment – Sanitary water |  |
| Visible Emissions Monitoring |  | Monthly or Less Frequency |  | On-Site Pre-Treatment – Process water |  |
| Weekly or More Frequency |  | On-Site Water Treatment for reuse |  |
| Continuous Opacity Monitoring Unit |  | Number |  | Retention Pond |  | Number |  |
| Continuous Emissions Monitoring Unit |  | Number |  | Storm Water Outfall |  | Number |  |
| Fugitive Dust Plan |  |  | | Other Outfall |  | Number |  |
| Malfunction Abatement Plan |  | SWPPP |  |  | |
| Bag House |  | Number |  | SPCC |  |
| Dust Collector |  | Number |  | **Other – Please Specify:** | | | |
| Incinerator/Afterburner |  | Number |  |
| Stack Testing |  | Frequency |  |
| Scrubber |  | Number |  |
| Road Watering |  |  | |
| **Other – Please Specify:** | | | |

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| **WASTE** | | | | **HAZARDOUS MATERIALS** | | |
| Solid (Municipal) Waste |  |  | | No EHS Chemicals on-site | |  |
| Hazardous Waste Generator | VSQG | |  | Storage of EHS Chemicals below SARA 312 reporting threshold | |  |
| SQG | |  | Storage of EHS Chemicals above SARA 312 reporting threshold | |  |
| LQG | |  | Chemicals Stored in: | Containers |  |
| Permitted Hazardous Waste TSD | Treatment | |  | Tanks |  |
| Storage | |  | **Other Permits or Requirements – Please Specify:** | | |
| Disposal | |  |
| Haz. Waste Accumulated in: | Lab Packs or <55G | |  |
| 55G Containers | |  |
| Tanks | |  |
| On-site Landfill | Solid Waste | |  |
| Hazardous Waste | |  |
| Used Oil Handling | Generator | |  |
| Transporter | |  |
| Marketer | |  |
| Burner | |  |
| Re-refiner/Processor | |  |
| Collection Center | |  |
| Used Oil Accumulated in: | Containers | |  |
| Tanks | |  |
| Inside | |  |
| Outside | |  |
| On-Site Used Oil Recycling | Filtration | |  |
| Burning for Energy Recovery | |  |
| Universal Waste Handler | SQH | |  |
|  | LQH | |  |
| PCBs |  |  | |
| Asbestos |  |
| Radioactive Waste |  |
| Remediation Site |  |
| **Other – Please Specify:** | | | |

1. **Other Management Systems**
2. Are you certified to other Management System Standards, e.g., ISO 9001, IATF 16949, AS9100? (Y/N)

Which Standard(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, would you like to discuss other certifications with SRI? Yes \_\_\_\_ No \_\_\_\_\_

1. Have you developed an integrated system? Yes \_\_\_\_ No \_\_\_\_

Which Standards are integrated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does the EMS documentation information include/meet all cited Standards? Yes \_\_\_\_ No \_\_\_\_\_
* Do internal audits address requirements of all standards/conducted in a combined effort? Yes \_\_\_\_ No \_\_\_\_\_
* Do management reviews address required inputs & outputs from all Standards? Yes \_\_\_\_ No \_\_\_\_\_
* Are the required procedures common to all Standards? (doc & record control, training) Yes \_\_\_\_ No \_\_\_\_\_
* Is the corrective and preventive action system common to all cited Standards? Yes \_\_\_\_ No \_\_\_\_\_
* Is the Management Rep the same for all Standards? Yes \_\_\_\_ No \_\_\_\_\_

If the answer to all the above is yes, your system is integrated, and SRI will quote accordingly. Depending on the systems that are integrated, other information may be required. SRI will advise.

1. **For Our Information**
2. Does your company belong to any professional industry organization(s)? Yes \_\_\_\_ No \_\_\_\_\_
   1. If yes, what association(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How did you hear about SRI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you outsource any of the processes of your management system? This includes both production and non-production processes. Yes\_\_\_\_\_No\_\_\_\_\_ If yes, indicate the processes outsourced:  
    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you use a management system consultant? Yes\_\_\_\_\_No\_\_\_\_\_ If yes, indicate the name of your consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you have any relevant legal obligations, that are planned for and executed through your management system? Yes\_\_\_\_\_No\_\_\_\_\_ If Yes, list them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you ITAR responsible? Yes \_\_\_\_ No \_\_\_\_\_ Classified material or export control requirements related to SRI access, must be disclosed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. SRI auditors may not be U.S. citizens. Does your organization restrict foreign national entry to its site(s)? Yes \_\_\_\_ No \_\_\_\_\_ Please describe these restrictions. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This survey is provided to assist SRI Quality System Registrar, in defining your scope of registration and preparing a cost estimate. Its receipt by SRI does not acknowledge our acceptance and/or approval of any aspect of your possible ISO 14001 and/or Responsible Care® Management System (RCMS) registration.

Respondent’s Signature Title Date

*Thank you for completing this survey for a cost proposal. Please return to SRI via mail, e-mail, or facsimile.*

**SRI Quality System Registrar**

**161 Thorn Hill Road ● Warrendale, PA 15086**

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