

To be used to obtain a quotation proposal for ISO 14001/EMS Registration by PRI. When completing this information survey, please include each facility involved in the Environmental Management System activities, if applicable. Thank you for your cooperation.

## A. Company Information

1. Company Name: \_\_\_\_\_
2. Division: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. Issue Proposal to (EMS Contact): \_\_\_\_\_  
Same address as above? ☐ Yes ☐ No If No, please provide mailing address.  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Web Site Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Designated Audit Contact: \_\_\_\_\_ Same as EMS Contact above? ☐ Yes ☐ No  
If No, please provide all necessary contact information.  
\_\_\_\_\_
6. List the organization's primary IAF Code: \_\_\_\_\_
7. Primary language(s) spoken other than English \_\_\_\_\_
8. Are you a subsidiary or division of another organization? ☐ Yes ☐ No  
If so, whom: \_\_\_\_\_
9. Which standard(s) (most current edition) are you interested in being certified to (check all that apply)  

<input type="checkbox"/> ISO 14001:2015 EMS	
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10. 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

\*Attach additional page(s) if more space is necessary  
\*1 Count those performing work related to the EMS / RC activities

11. Over a typical 6-month period, what is the average daily number of contractors on site that apply to EMS activities? \_\_\_\_\_
12. Are there any exclusions from the scope of certification (i.e., location, product, service)?  
\_\_\_\_\_
13. Do you have dedicated shifts? (Y/N) \_\_\_\_\_ Describe: \_\_\_\_\_
14. Is production performed on all shifts? (Y/N) \_\_\_\_\_ Explain: \_\_\_\_\_
15. 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: \_\_\_\_\_

#### B. Time Frame

1. When are you planning to be ready for the first site's EMS or RCMS (not required for RCMS, optional) Stage 1 audit? \_\_\_\_\_
2. When are you planning to be ready for the first site's EMS, or RCMS Stage 2 audit? \_\_\_\_\_
3. We typically recommend a Pre-Assessment Audit by PRI. Do your plans include one? (Y/N) \_\_\_\_\_ When? \_\_\_\_\_

#### C. Audit Related Questions - (Please attach an organizational chart of your company and the reporting hierarchy of your EMS organization and a copy of the site(s) map.)

1. Do you have documentation that complies with the standard? (Y/N) \_\_\_\_\_
2. Does your documentation apply to all locations (Corporate)? Or (Y/N) \_\_\_\_\_
3. Does each location have its own documentation (site specific)? (Y/N) \_\_\_\_\_
4. Are there any activities associated with the EMS that are conducted outside of the organization or subcontracted activities (on-site or off-site)?  
What \_\_\_\_\_  
Activities? \_\_\_\_\_  
Where? \_\_\_\_\_
5. Is Headquarters part of the scope? (Y/N) \_\_\_\_\_
6. Other business units? \_\_\_\_\_
7. Number of Key Suppliers? \_\_\_\_\_
8. Transportation/Distribution/Sales Involved in the EMS? (Y/N) \_\_\_\_\_

Describe: \_\_\_\_\_

9. Company Property: \_\_\_\_ Owned \_\_\_\_ Leased \_\_\_\_ Sq. Ft. or \_\_\_\_ Acres

10. Describe immediate plant surroundings (i.e., land, rivers, navigable waters, residential):  
\_\_\_\_\_

11. Describe any remediation activities: \_\_\_\_\_

12. Number of contractors and/or service providers with significant environmental impacts and describe the service and/or activities provided: \_\_\_\_\_

13. Types of Environmental Aspects Identified -- Mark an "X" in each column that applies.

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					

14. 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**

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			On-Site Water Treatment			

	Frequency		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		<b>Other – Please Specify:</b>		
Incinerator/Afterburner	Number				
Stack Testing	Frequency				
Scrubber	Number				
Road Watering					
<b>Other – Please Specify:</b>					

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		<b>Other Permits or Requirements – Please Specify:</b>	
	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			
Used Oil Accumulated in:	Collection Center			
	Containers			
	Tanks			
	Inside			
On-Site Used Oil Recycling	Outside			
	Filtration			
	Burning for Energy Recovery			
Universal Waste Handler	SQH			
	LQH			
PCBs				
Asbestos				
Radioactive Waste				
Remediation Site				
<b>Other – Please Specify:</b>				

#### D. Other Management Systems

1. 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 PRI? Yes \_\_\_\_\_ No \_\_\_\_\_
2. 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 PRI will quote accordingly. Depending on the systems that are integrated, other information may be required. PRI will advise.

#### E. For Our Information

1. Does your company belong to any professional industry organization(s)? Yes \_\_\_\_\_ No \_\_\_\_\_  
a. If yes, what association(s)? \_\_\_\_\_
2. How did you hear about PRI? \_\_\_\_\_
3. 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: \_\_\_\_\_
4. Do you use a management system consultant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate the name of your consultant: \_\_\_\_\_
5. Do you have any relevant legal obligations, that are planned for and executed through your management system? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, list them here: \_\_\_\_\_  
\_\_\_\_\_
6. Are you ITAR responsible? Yes \_\_\_\_\_ No \_\_\_\_\_ Classified material or export control requirements related to PRI access, must be disclosed. \_\_\_\_\_
7. PRI 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 PRI Quality System Registrar, in defining your scope of registration and preparing a cost estimate. Its receipt by PRI does not acknowledge our acceptance and/or approval of any aspect of your possible ISO 14001 registration.

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

#### **PRI Certification**

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