

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 | |
|---|--|

- 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 | Other – Please Specify: | |
| Incinerator/Afterburner | Number | | |
| Stack Testing | Frequency | | |
| Scrubber | Number | | |
| Road Watering | | | |
| Other – Please Specify: | | | |
| | | | |

| 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: | |
| Haz. Waste Accumulated in: | Disposal | | |
| | Lab Packs or <55G | | |
| | 55G Containers | | |
| On-site Landfill | Tanks | | |
| | Solid Waste | | |
| Used Oil Handling | Hazardous Waste | | |
| | 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 | | | |
| Other – Please Specify: | | | |
| | | | |

D. Other Management Systems

