

TQA **TQA Limited**
Tel. +66-2-664-4004
Fax. +66-2-664-4064

Attn : Ms.Wipawee

Date :

**Questionnaire for JQA Assessment Quotation
(Environmental Management System)**

Company Name	:	_____.			
Address	:	_____.			
	:	_____.			
Person in Charge	:	_____.	Department	:	_____.
TEL.	:	_____.	FAX	:	_____.

1. Standard : ISO14001 : 2004

2. Scope of registration (name of products, services or business activities)

: _____.

3. Number of employee in scope of registration (including subcontractor) : _____person(s)

Is there shift system in the organization? Yes No

If yes, shift system employees are _____ person(s)

Shift 1 time : from _____ to _____ staff number : _____person(s)

Shift 2 time : from _____ to _____ staff number : _____person(s)

Shift 3 time : from _____ to _____ staff number : _____person(s)

4. Are there several locations to be assessed?

Yes No

If yes, please describe the locations, address and staff number)

: _____.

_____.

5. Is there any work performing at customer site.

Yes No

(If yes, please describe the locations, address)

: _____.

_____.

6. Air-related

Please write name and quantity of exhausted gas per hour :

Name of the smoke and soot-emitting facilities	Quantity of exhaust gas Nm ³ / hr

Examples of facilities: boiler / heating furnace / roasting furnace / fusion furnace / combustion / drying furnace / waste incinerator / electrolytic furnace / reactor / coke oven / gas turbine / diesel engine / gas engine

7. Water-related

Please write name of water-related facilities and waste water volume exhausted from the organization.

Name of the facilities	Treated substance	Though put (m ³ /day)

Examples of facilities: (electroplating facilities, surface treatment facilities, waste water treatment facilities, emitting gas cleaning facilities, sewage purifier, etc)

Treated substances: (acid, alkali, cyanogens, chromium, cadmium, etc., waste water from restaurants, daily waste water, etc.)

8. Amount of waste produced

Non-industrial wastes _____ ton/year

Industrial wastes _____ ton/year

*Industrial waste specified as toxic** under special control _____ ton/year

(*Ex. waste acid, waste alkaline, ignitable substance, waste PCB, Sludge or Smoke or Soot including Cadmium / Dichloroethane / Thiuram / Hexavalent chromium / Arsenic / etc.)

9. Target period to be assessed

Registration assessment

1st stage assessment : Month / Year : _____ .2nd stage assessment : Month / Year : _____ .} *Approximately
1 month interval*

10. Would you like the quotation for surveillance assessment after registration as well?

Yes

No

11. By which way would you like us to submit the quotation?

 fax e-mail address : _____

12. Others :

_____.

Remarks : We will submit the quotation within 7 working days after we receive this questionnaire.