

DQS Inc. Sustainability Registration Program RP-1S Preliminary Information

The information requested is essential for DQS to understand your organization and determine the resources required for Sustainability Programs (SP). These Programs include: ISO14001 Environmental Management Systems (EMS); OHSAS 18001 Occupational Health and Safety Management Systems (OHS), , RCMS and RC14001 Responsible Care Technical Specifications, and ISO50001 Energy Management Systems. . Please provide as much detail as possible. If a question does not apply, please indicate with "N/A." If you have questions about completion of this form, or any other aspect of DQS Inc. Registration Programs, please call us at **1-800-285-4476**.

1. Name and Location of the Facility to be Registered

If you seek DQS' services for more than one facility, please complete a separate form for each facility.

1.1	Company Name:	
1.2	Facility physical address (please do not include P.O. boxes):	
1.3	Facility mailing address (if different from above):	
1.4	Name of Management Representative:	Alternate Management Representative:
1.5	Management Representative Title:	Alternate Management Representative Title:
1.6	Telephone numbers:	
1.7	Fax numbers:	
1.8	Cell or mobile numbers:	
1.9	Email addresses:	

2. Subscriber Information

The subscriber is the organization responsible for DQS invoices for Sustainability Programs services. (If information is the same as above, check this box and go to section 3).

2.1	Subscriber Company name:
2.2	Subscriber mailing address:
2.3	Name of subscriber's representative:
2.4	Company Position:
2.5	Telephone number:
2.6	Fax number:
2.7	Please indicate to whom and where DQS invoices should be sent (if different from above):

<p>2.1.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Information Concerning Your Firm</p> <p>3.1</p>	<p>To which Standard(s) / Specification(s) are you seeking registration? <input type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> RC 14001 <input type="checkbox"/> RCMS Other</p>
<p>3.2</p>	<p>Is your facility Registered to ISO 9001 or similar management system Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to which Standards (TL 9000, ISO/TS 16949, etc.):</p>
<p>3.3</p>	<p>Is DQS your Registrar? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3.4</p>	<p>Please provide details of any other approvals granted by certifying bodies.</p>
<p>3.5</p>	<p>Are you using a Consulting Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the Agency.</p>

3. Facility Information

<p>4.1</p>	<p>Total number of employees at the facility:</p>
<p>4.2</p>	<p>Total number of temporary or contract employees working on site on a regular basis:</p>
<p>4.3</p>	<p>Current number of shifts:</p>

4. Category Information

<p>5.1</p>	<p>Please list the product lines and / or services that are provided under your facility's EHS and the SIC Codes, NAICS Codes, EA Codes or NACE Codes</p>
<p>5.2</p>	<p>Please check which of the following are the <u>primary</u> activities of the site (check all that apply but limit to the major functions of the site):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Design / R&D <input type="checkbox"/> Warehousing, Transport and/or Distribution Center <input type="checkbox"/> Assembly <input type="checkbox"/> Energy Generation and Distribution <input type="checkbox"/> Corporate Headquarters or Administrative Headquarters <input type="checkbox"/> Service or Repair location <input type="checkbox"/> Other Please specify <p>Please list your primary manufacturing or service processes:</p>
<p>5.3</p>	<p>Please indicate the proposed scope of activity for which facility registration is sought.</p>

5.4	Does any work take place on customer premises, for which your organization is responsible? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.
-----	---

5. ISO14001 / OHSAS18001 Environmental Health & Safety Management System (EH&S) Information

6.1	Does the facility have a documented EH&S management system? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long has it been in operation? If not, please note when the documentation and implementation of the management system will begin and be completed.
6.2	Are there any management system functions that are performed at off site facilities / locations other than the one represented by this RP-1Sform? (i.e. warehouses, design centers, satellite manufacturing sites, administrative offices etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Company Name: Address: Function:
6.4	List any processes / services to be included in the scope of registration that are outsourced:
6.5	Are any EH&S management system functions performed at the "corporate" or "division" level? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what?
6.6	Please list regulatory requirements related to EH&S (federal, state, regional, local):
6.7	Please list environmental control equipment and treatment processes: (baghouses, ESPs, Scrubbers, wastewater treatment, hazardous waste generator category, etc.):
6.8	Please identify key manufacturing / service processes and technologies:
6.9	Please list any environmental remediation projects:
6.10	Please list any laboratories and their functions within the facility:

6. Health and Safety Requirements

7.1	Does the facility have safety requirements regarding clothing and/or protective equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If protective equipment is required, is it provided at the facility (Steel toe shoes, safety glasses, side shields, hearing protection, respirators, clean room suits, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Are contact lenses, beards, dresses, open toed shoes, etc. allowed or appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	Does the facility have any other special safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:

8. Responsible Care

8.1	<p>Does the facility have a documented RC14001 or RCMS management system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, how long has it been in operation? If not, please note when the documentation and implementation of the management system will begin and be completed.</p>
8.2	<p>Are there any RC 14001 / RCMS functions that are performed at off site facilities / locations other than the one represented by this RP-1S form? (i.e. warehouses, design centers, satellite manufacturing sites, administrative offices etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the following: Company Name: Address: Function:</p>
8.3	<p>List any processes / services to be included in the scope of registration that are outsourced:</p>
8.4	<p>Are any management system or Responsible Care functions performed at the "corporate" or "division" level? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what?</p>
8.5	<p>Please list all RC controls and applicable RC regulations (e.g. ACC, air emission control, waste water treatment, hazardous waste, forklifts, HazComm, security, etc.):</p>
8.6	<p>Please identify key manufacturing / service processes and technologies:</p>
8.7	<p>Does the facility require a <u>Chemical-terrorism Vulnerability Information (CVI) Authorized User Certificate</u> for auditor review of emergency and security plans? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
8.8	<p>Please list all laboratories and their functions within the facility:</p>
8.9	<p>Does the facility have any other special safety or security requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>

9. Energy Management System (EnMS) Information

9.1	Does the facility have a documented EnMS? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long has it been in operation? If not, please note when the documentation and implementation of the EnMS will begin and be completed.
9.2	Are there any EnMS functions that are performed at off site facilities / locations other than the one represented by this RP-1S form? (i.e. warehouses, design centers, satellite manufacturing sites, administrative offices etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Company Name: Address: Function:
9.3	List any processes / services to be included in the scope of registration that are outsourced:.
9.4	Are any EnMS functions performed at the "corporate" or "division" level? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what?
9.5	Please list regulatory requirements related to energy management (federal, state, regional, local):
9.6	Is there a process to identify or conduct: energy use and consumption; energy review; energy baseline, with verifiable objectives, targets and action plans? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.7	Has design for energy improvement efficiency and procurement been included in the EnMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.8	Please specify any special activities or consideration relative to your EnMS:
9.10	How many people are involved in energy management? (Energy Effective Personnel)?
9.11	What is the annual energy consumption, in units of Kwh, MMBtu, or TeraJoules?
9.12	What is the number of energy sources? (i.e. electricity, natural gas, propane, steam, etc.)
9.13	What is the number of significant energy users?

10. DQS's sustainability Program Services

10.1	<p>Will a translator(s) be necessary in order for DQS to provide any of the following services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please indicate for which language(s):</p>
<p>Please identify the DQS service(s) your company is interested in:</p>	
10.2	<p>Pre-Assessment Meeting (optional service). The purpose is to enhance your company's understanding of your sustainability management system(s) and explain the mechanics of our registration program. We can also help your company assess its needs regarding the scope of registration, selection of facilities to be registered, organizational structure and proposed schedules.</p> <p>Is your company interested in this service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list a preferred date:</p>
10.3	<p>Preliminary Assessment (optional service). A preliminary assessment is a limited assessment of a facility's management system. After the assessment, DQS documents the findings, but will not draw conclusions regarding the eligibility of the facility for registration to the applicable standard(s). However, you can use the information obtained during a preliminary assessment to streamline the registration assessment processes.</p> <p>Is your company interested in this service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list a preferred date:</p>
10.4	<p>Registration Assessment</p> <p>The registration assessment is conducted in two stages – Stage 1 is a Readiness Review and Stage 2 is the Registration Audit.</p> <p>Stage 1 is normally conducted on-site and can be combined with a Preliminary Assessment. As the Stage 1 will assess your level of conformity and readiness for certification, it is to be conducted after you have implemented your internal audit and management review processes. A separate Stage 1 report will be generated noting any concerns and a recommendation for whether the Stage 2 can be performed as scheduled or needs to be postponed.</p> <p>Stage 2 is required to determine conformance of the client's management system to requirements of the management system Standard(s). When the facility's management system meets these requirements, a Certificate of Registration will be granted.</p>
10.5	<p>Surveillance Assessments.</p> <p>In order to maintain your Registration, ongoing annual or semi-annual Surveillance Assessments are required, including a Triennial Recertification Assessment once every third year after Registration.</p>
10.6	<p>Please indicate which Accreditation Body (AB) marks you would like on the Certificate:</p> <p><input type="checkbox"/> Standard DQS Certificate (No Accreditations indicated)</p> <p><input type="checkbox"/> ANAB*</p> <p><input type="checkbox"/> Other</p> <p><i>Note: A fee applies for each accreditation mark. DQS must be accredited by the Accreditation Body for the defined scope.</i></p>

11. Additional Information

Please provide any additional information that you feel may be helpful as we prepare and conduct the auditing or sustainability program activities you have requested.

11.1	
------	--

12. Submission

Please note the individual or group completing this information on behalf of the facility seeking registration. Thank you for your cooperation in completing this form.

Date:	Name:
Position:	