

Consultancy Questionnaire

Services required from Tatweer

What are the service(s)/Management System(s)/excellence criteria you would like to apply for? (Please tick as required)	
Quality Management System (ISO 9001:2008)	<input type="checkbox"/>
Occupational Health and Safety Management System (OHSAS 1800:2007)	<input type="checkbox"/>
Environmental Management System (ISO 14001:2004)	<input type="checkbox"/>
Information Technology- Service Management (ISO 20000:2005)	<input type="checkbox"/>
Information Security Management System (ISMS ISO 27001:2005)	<input type="checkbox"/>
Food Safety Management System (ISO 22000:2005)	<input type="checkbox"/>
HR Management System (HR Excellence Award)	<input type="checkbox"/>
Dubai Quality Award (DQA)	<input type="checkbox"/>
Sheikh Khalifa Excellence Award (SKEA)	<input type="checkbox"/>
Princesses Haya Award for Special Education (PHASE)	<input type="checkbox"/>
Dubai Government Excellent Award (DGEA)	<input type="checkbox"/>
Abu Dhabi Award for Excellence and Government Performance	<input type="checkbox"/>
Abu Dhabi Excellence Award	<input type="checkbox"/>
Environmental risk assessment	<input type="checkbox"/>
Hazard Identification	<input type="checkbox"/>
What are the Phases you required? (Please tick as required)	
Awareness training about the required service(s)	Number of Participants: <input type="checkbox"/>
Gap Analysis (between the current situation and required services)	<input type="checkbox"/>
Documentation	<input type="checkbox"/>
Implementation support (till being certified)	<input type="checkbox"/>
Internal auditor training	Number of Participants: <input type="checkbox"/>
Lead Auditor Training	Number of Participants: <input type="checkbox"/>
Internal auditing conducted by Consultant	<input type="checkbox"/>
Management Review Meeting conducted with assistant of consultant	<input type="checkbox"/>
Certification Support	<input type="checkbox"/>
Comments(If any):	
When do you plan to start this project:	

Current system information

Does the Organization have:	<input type="checkbox"/> Quality Policy	<input type="checkbox"/> HSE Policy
	<input type="checkbox"/> IT Policy?	<input type="checkbox"/> HR Policy
Does the Organization have:	<input type="checkbox"/> Quality Manual	<input type="checkbox"/> HSE Manual
	<input type="checkbox"/> IT Manual?	<input type="checkbox"/> HR Manual
Does the Organization have:	<input type="checkbox"/> Quality Procedures	<input type="checkbox"/> HSE Procedures
	<input type="checkbox"/> IT Procedures?	<input type="checkbox"/> HR Procedures
Kindly write down the list of procedures available:		
Does the Organization have	<input type="checkbox"/> Quality Forms	<input type="checkbox"/> HSE forms
	<input type="checkbox"/> IT Forms?	<input type="checkbox"/> HR Forms
Does the Organization have dedicated	<input type="checkbox"/> Quality Dept.	<input type="checkbox"/> HSE Dept. <input type="checkbox"/> HR Dept.
Does your company do any design	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any of your divisions certified to any of the above systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department(s):		
Certificate(s):		
Does the organization have established Objectives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are these objectives cascaded down to all relevant functions and levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization have criteria for the approved supplier list?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the organization have customer satisfaction criteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Organization Information

Company Name			
Address			
Telephone No.			
Fax No.			
Name & designation of chief executive			
Number of Divisions/ Branches			
Organization's Main Activity			
The Organization's Market			
Working days and Hours			
Number of Employees	Management:	Administration:	Labor:
Nature of the organization	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> PSC <input type="checkbox"/> Others Please specify:		
Does the organization report to group Headquarter(if any)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is there technical collaboration of the requested service (s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Contact information

Name	
Designation	
Mobile	
Email	