



## 14001 CLIENT PROFILE QUESTIONNAIRE

Date: \_\_\_ / \_\_\_ / \_\_\_

Please provide the information requested in the spaces below and submit to PJR. Please include any additional descriptive information about your organization and its Environmental Management System, such as corporate brochures, environmental annual reports, organizational charts, etc. All information supplied will be treated as proprietary in nature and will be held in the strictest confidence. PJR does not have any application fee, and the return of this application **does not constitute a contract and does not obligate you in any way.**

Organization name	_____
Address	_____
City, State ZIP Code	_____
Phone	_____
Fax	_____
EMS representative (Printed Name & Signature)	_____
EMR's E-mail address	_____
EAC and/or SIC codes(s)	_____
Number of square feet of facility and Site acreage	_____
When will the facility be ready for Assessment?	_____
Describe the production &/or manufacturing process(es) and/or services at your facility in detail.	_____
Does this activity take place on-site at your location?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
If not, where does this activity take place?	_____
When will the facility select a registrar?	_____
For construction companies, please provide us with a list, including addresses of all of your current sites where projects are taking place.	_____
Has your facility received any permits from federal, state, local or quasi- government agencies? Please list. _____	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you operate a wastewater treatment plant?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Does the geographical location of the facility pose any special environmental considerations (tornado zones, earthquake, wetlands, protected species, aquifers, etc.)? Please give details. _____	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have you utilized the services of a consultant or consulting service to implement your Environmental Management System? If you answered yes, please provide details, including the name of the consultant or consulting service. If you answered no, do you have plans to utilize a consultant or consulting service in the future? If so, please provide the name of the consultant or consulting service. If you have not yet selected, please notify your scheduler once you decide.	<input type="checkbox"/> Yes or <input type="checkbox"/> No _____ <input type="checkbox"/> Yes or <input type="checkbox"/> No _____

**ISO 14001 CLIENT EMS REVIEW**

Please use your best judgment to grade your legal entity's emphasis on the above listed Environmental Aspects using the following classification system: 0 – 1 No or low significance, 2 –3 Medium to Moderate Significance, 4 – 5 High to Extremely High Significance.

EMS ASPECT	RANKING	EMS ASPECT	RANKING
Air Quality Management	_____	Hazardous Materials Transportation	_____
Water Quality Management	_____	Foreign Environmental Laws	_____
Waste Management	_____	Chemical Storage/Handling	_____
Regulated "Toxic Substances"	_____	Product Life Cycle	_____
Medical Waste Management	_____	Emergency Preparedness/Evacuation	_____
Radioactive Waste Management	_____	Employee Health/Safety	_____
Energy Consumption	_____	Prevention of Pollution	_____
U.S. Laws/Regulations/Terminology	_____	Community Location/Health Awareness	_____
Storage Tanks a) Above ground b) Underground	_____	Soil/Air/Water Contamination/Remediation	_____
Financial/Business	_____	Product Life Cycle Impacts	_____
Ecology/Micro-Bio-Toxicity	_____	Resource Conservation	_____
Noise/Vibration Factors	_____	Others (Specify)	_____

**LIST OF FACILITIES**

	Facility Name	Address	No. of Employees	No. of Shifts	Significant Aspects (where ranking is between 4-5 for environmental aspects in the previous table)	Facility's Scope of Operation	SIC Codes
HQ	_____	_____	_____	_____	_____	_____	_____
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____