



MANAGEMENT SYSTEMS CERTIFICATION

TITLE: Questionnaire for Obtaining Preliminary Information and Declarations from the Applicant for obtaining Licence for Certification of Adventure Tourism Safety Management System as per IS/ISO 21101:2014

DOC: MSC-F11-16

Issue: 01

Date: February 2019

Page: 1 of 4

Prepared By:

Approved By: DDG(MSCD)

FORM - XIX

1. Details of the Organization

1.1 Name : _____

1.2 Address : _____

1.3 Contact Details :

1.3.1 Telephone : _____

1.3.2 Email : _____

1.4 Address of the Registered Office :

(if different from 1.2 above)

1.4.1 Telephone : _____

1.4.2 Email : _____

1.5 Status of Organization:

(Large/Medium/Small/Micro Scale Industry Service Enterprises/small enterprise).

(Enclose copy of Registration Certificate from the concerned authority).

1.6 Indicate whether the unit is a part of some larger organization: Yes/No

(if yes give the name and address of the holding organization)

1.6.1 Name : _____

1.6.2 Address : _____

1.7 Does the organization has branches at different locations or multiple-sites of operations.

Yes/No.

1.8 Give name(s) & address(es) along with the brief description of adventure activities carried out at all locations/sites for which certification is sought on separate sheet in the following format.)

Activity site (Complete address)	Adventure activities provided	Duration of activities (All year round/seasonal)	Typical participant experience level#

Indicate Novice, intermediate, or advanced

1.9 Number of Shifts (with timings of each shift) : _____



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2.0 Number of Personnel

- 2.1 Number of part-time personnel covered in the scope of certification converted to full time personnel (based on 8 hours/ day working): _____
- 2.2 Number of personnel partially involved in the scope of certification converted to full time personnel (based on 8 hours/ day working) : _____
- 2.3 Number of personnel in simple functions (Finance, Admin, Security, Transport, Drivers, Canteen, Gardening, etc): _____.
- 2.4 Total number of personnel in general shift/ shift-1: _____
- 2.5 Total number of personnel in other shifts: _____
- 2.6 Number of personnel in other shifts for mutually exclusive operations/ functions other than that in general shift/Shift 1: _____
- 2.7 Provide details of staff (include managers, coordinators, trainers, activity operators). Use separate sheet

Name	Designation	Outdoor activity qualifications	Employment Status	Experience

3. Information Relating to Safety Management System (SMS)

3.1 Nodal Person for implementation of (SMS) and to be the Contact Person for BIS

- 3.1.1 Name : _____
- 3.1.2 Designation : _____
- 3.1.3 Telephone(Mobile) : _____
- 3.1.4 Email : _____

3.2 Scope for which certification is sought

3.3 Safety Management System Documentation & Implementation

- 3.3.1 Have you documented your Safety Management System. (mention Title of document, Issue No. & Date, No. of Amendments, if any)

- 3.3.2 Do you have a Adventure Tourism Safety Policy Policy? If yes, attach one copy.

- 3.3.3 Details of 'outsourced processes' used, if any, that affects conformity to requirements and type & extent of controls applied over such processes (e.g hiring/handling of equipment use separate sheet, if required)



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3.3.4 Safety Aspects

Have you established a systematic risk management process	Yes/No
Have you determined the competence of persons required for carrying out the activities under the scope of certification and established a system of training, where required	Yes /No
Do you have a system of imparting training to all employees in identification of risks in their work and how to minimize the same	Yes/No
Do you have a system of identifying and communicating safety information to the participants	Yes/No
Have you established On-Site Emergency Preparedness/Response Plans	Yes/No
Do you have a system of dealing with, reporting and investigating incidents/accidents	Yes/No

3.3.5 Legislative and Regulatory Requirements

- List the applicable legal requirement/standards/codes of practice
- Indicate the licences/permits/permission/clearances obtained on the above legislation from the concerned authorities
- Number of prosecutions, if any

3.3.6 Date on which the Management Review was last held : _____

3.3.7 Date(s)/Period during which Internal Audit was last held: _____

4. Consultancy

4.1 In case the quality management system is established, implemented or maintained through use of consultancy, the following information be provided:

4.1.1 a) Name & Address of the consultancy organization/personnel

b) Type of consultancy provided (*such as preparing manual, procedures etc; giving specific advice, instructions or solutions for development and implementation of management system.*)

c) Status of consultancy

Continues/Ended

d) Date on which consultancy ended, if applicable

5. Details Of Other Management Systems Licence/Certification Held Or Assessment Held, If Any

 भारतीय मानक ब्यूरो BUREAU OF INDIAN STANDARDS			FORMS	
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6. Declarations

I/We hereby declare that:

- I/We will comply with the certification requirements,
- I/We will inform about the following changes, if and when such changes happen:
 - legal, commercial, organizational status or ownership,
 - organization and management (e.g. key managerial, decision-making or technical staff),
 - contact address and sites,
 - scope of operations under the certified management system, and
 - major changes to the management system and processes.
- I/We will make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints
- I/We will make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation auditors or trainee auditors),
- I/We will permit BIS to make the information regarding certification granted and its status accessible to public.

Signature _____

Name _____

Seal of the Firm

Designation _____

Date: For and on behalf of M/s _____