

 भारतीय मानक ब्यूरो BUREAU OF INDIAN STANDARDS MANAGEMENT SYSTEMS CERTIFICATION		FORMS	
<i>TITLE: QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FOR EMS AS PER IS/ISO 50001</i>			
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Prepared by Head (MSCD)		Approved by DDG (MSCD)	

FORM - XV

(To be submitted in triplicate)

QUESTIONNAIRE FOR OBTAINING PRELIMINARY INFORMATION FROM THE APPLICANT FOR OBTAINING LICENCE FOR CERTIFICATION OF ENERGY MANAGEMENT SYSTEMS AGAINST RELEVANT INDIAN STANDARDS

1. DETAILS OF THE COMPANY

1.1 Name of the Organization

1.2 Address of the Factory/Unit _____.

Telephone _____ Fax _____ Email _____

1.3 Address of the Registered Office

Telephone _____ Fax _____ Email _____

1.4 Status of the Unit

Large/Small Scale Industry/Ancillary/Micro units/Small Scale Service and Business (Industry Related) Enterprises/ small enterprise (see Note)

Note: Please enclose Registration letter from the concerned authority and also see BIS 'Guidelines for Applicants'.

1.5 Indicate whether the unit is a part of some larger organization, if so give the name and address of the holding organization

Name : _____

Address: _____

1.6 Whether the unit is registered under Factories Act.

1.7 Legal occupancy of the Unit: OWNER/TENANT/LESSEE

1.8 Year of commissioning of unit at the present site

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

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) : _____

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- 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: _____

3. INFORMATION PERTAINING TO ENERGY MANAGEMENT

3.1 Land Use (Site)

- a) Total area of the plot
- b) Total area of the Building
- c) Total are of Unit/Factory
- d) Number of floors
- e) Height of the Building
- f) Height of working hall
- g) Total area set aside for wild life habitat

3.2 Raw Material/Natural Resources

- a) Name of raw materials
- b) Whether imported/indigenous
- c) Annual consumption value
- d) Use of natural resources, if any

3.3 Energy Management

- a) Source of Energy - Coal/LPG/Oil/Electricity/Non-Conventional Energy/Traditional Energy - Firewood/Diesel Generating Set
- b) Energy Load (kW) -
- c) Clearance Certificate from local Authority-

3.4 Air Quality Management

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a) Quantity of emissions such as CO, CO₂, SO₂ etc.

3.5 Water Management

- a) Source of water - ground/municipal
- b) Consumption of water
- c) Management of waste water
- d) Management of storm water

3.6 Effluents Management

- a) Type of effluent
- b) Quality of effluent
- c) Mode of disposal

3.7 Waste Management

- a) Waste produced per quantity of finished product
- b) Percentage waste recycled
- c) Percentage recycled material used in packaging

3.8 Procurement of energy services, products and equipment

- a) Type of energy services/products/equipment
- b) Quantity

3.9 Transportation

Have you attempted to reduce the impact of your distribution methods on Energy

3.10 Legislative and Regulatory Requirements

- a) List the legal requirement/standards/codes of practice
- b) Indicate the consent/clearance obtained on the above from authorities

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c) Number of prosecutions, if any

3.11 Energy Performance Indicator(s) used

4. OTHER INFORMATION

4.1 Description of category of products or processes for which licence is sought

4.2 Details of any Energy Management System licence or certificate already held and/or assessment held

4.3 Please enclose a copy of latest Energy performance statement submitted by you to BEE, if any

Signature _____

Name _____

Designation _____

For and on behalf of

Seal of the Firm

Date:

All the three copies of this form are to be signed in original by the authorized person.