

 भारतीय मानक ब्यूरो BUREAU OF INDIAN STANDARDS			FORM	
MANAGEMENT SYSTEMS CERTIFICATION				
TITLE: Questionnaire for Obtaining Preliminary information and declarations from the applicant for obtaining licence for certification of Drinking Water Supply Management system as per IS 17482: 2020				
प्रलेख : एमएससी-एफ 11- DOC: MSC-F11-	जारी : 01 ISSUE: 01	□□□□□□ : □□□□□□ 2020 DATE: October 2020	पृष्ठ : 4 का 1 PAGE: 1 of 4	
Prepared By: MSCD			Approved By: DDG(MSCD)	

Section-I: Details of Applicant

1.1 Name

1.2 Address

State:

City:

District:

Street Number:

House Number:

1.3 Contact Details

Telephone

Fax

Email

Section-II: Details of Organization

1.4 Address of the Registered Office

Telephone

Fax

Email

Latitude/ Longitude

1.5 Status of the Organization

Govt.

☐

Private

☐

For Govt.,

Ministry/ Department/ Subordinate Office/ Autonomous body/ PSU

Name of Ministry


Year of Establishment

For Private,

Industry/ Enterprise

Large/ Medium/ Small/ Micro Scale

(Note: Please give provision to upload MSME Registration Certificate).

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

if yes,

Name of the holding organization

Address

1.7 Indicate whether the organization has branches at different locations or multiple-sites of operations. If yes, give name(s) & address(es) along with the brief description of processes carried out at all such locations/sites for which certification is sought (*use separate sheet, if required*)

Name of Branch	Location	Activities carried out

(Note: You may attach a separate sheet for description)

Section-III: Details of Management

Management Representative (MR)/Contact Person

Name

Designation

Contact Details

Mobile: _____ Fax: _____ Email: _____

Section-IV: Details of Manpower

3.1 No. of Employees:

a) Regular

b) Contractual

c) Casual/ Daily Wages

3.2 Whether any operation is carried out in shifts: Y/N

a) Number of shifts

b) Duration of shifts

c) Shift-wise number of employees: Regular _____ Contractual _____ Daily Wages _____

Section-V: Details of Operations

Details of Water Source used

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Flow chart of Treatment Process
Whether any process is outsourced
If yes, Details of Outsourced processes
Details of distribution system/ District Metering Area

Section-VI: Details of Monitoring

Details of monitoring of water quality system

Upload file

Section VII: Details of Internal Audit & Management Review

Date of last Internal Audit

Instructions: The Water Supplier/ Utility shall conduct internal audits at planned intervals to assess if the drinking water supply management system conforms to the requirements of IS 17482 and is effectively implemented and maintained.

Date of last Management Review

Instructions: Top Management shall review the water supplier/ utility's services at planned intervals, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the water supplier/ utility.

Section-VII: Details of Consultancy

In case the Drinking Water Supply Management System is established, implemented or maintained through use of consultancy, the following information be provided:

- Name & Address of the consultancy organization/personnel
- Type of consultancy provided
{such as preparing manual, procedures etc; giving specific advice, instructions or solutions for development and implementation of management system}
- Status of consultancy (whether continues or ended)
- Date on which consultancy ended, if applicable

Section-IX: Details specific to Drinking Water Supply Management System

Scope for which certification is sought

Instructions: Scope of certification is the boundaries and applicability of the piped drinking water supply service management system. The scope shall state types of services covered and provide justification for any requirement of IS 17482 excluded from the scope of drinking water supply management system.

Details of Water Source used by the Water Supplier/ utility

Documentation (*mention Title of Document, Issue No. & Date, No. of Amendments, if any*)

Manual/ Apex Document

Yes/ No

Upload

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List of Procedures	Upload
List of Records	Upload
Test report of Source Water from BIS recognized laboratory	Upload
Test report of drinking water as per IS 10500 from BIS recognized laboratory	Upload
Disaster Management plan	Yes/ No
Emergency plan	Yes/ No
Date of last Water Audit:	

Section-X: Declarations & Undertakings

The organization hereby gives the following declarations:

- to comply with the certification requirements, including compliance of treated water to acceptable limits of IS 10500
- To bear the expenses towards independent testing of drinking water quality, drawn to assess quality of drinking water as per IS 10500
- to inform about the following changes, if and when such changes happen:
 - the 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.
- to 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,
- to make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation auditors or trainee auditors), permits BIS to make the information regarding certification granted with the scope it covers and its status accessible to public.
- that it is understood by us that all the other information, except for information that is made publicly accessible as confidential.
- That it is also agreed that BIS notifies to us when confidential information is required by law or authorized by contractual arrangements (such as with the accreditation body), unless prohibited by law.
- that it is also understood that BIS does not disclose our confidential information to a third party without the written consent from us (certified client or individual concerned).

	Signature	_____
	Name	_____
Seal of the Firm	Designation	_____
Date:	For and on behalf of M/s	_____