



MANAGEMENT SYSTEM CERTIFICATION

QUESTIONNAIRE
FOREST MANAGEMENT CERTIFICATION SCHEME

1. GENERAL INFORMATION

1.1 Name of Organisation/Company : _____

1.2 Postal Address : _____

Website : _____

Email : _____

Telephone : _____ Fax : _____

1.3 Contact person (1) : _____ Contact person (2) : _____

Position : _____ Position : _____

Telephone : _____ Telephone : _____

Fax : _____ Fax : _____

E-mail : _____ E-mail : _____

1.4 Legal Status : _____

(In the case of a company, please provide registration number with the Companies Commission of Malaysia.)

1.5 Is your organisation/company part of some larger organization/company? Yes No

If yes, name of holding company : _____

1.6 Sales turnover : _____

1.7 Category of organisation/company :

Smallholder Large Government Others

1.8 Status of company (only applicable to companies registered in Malaysia) :

Bumiputra Non-bumiputra

2. INFORMATION ON THE FOREST MANAGEMENT UNIT (FMU)

2.1 Name of FMU : _____

2.2 Location of FMU : _____

Please provide details on location of FMU (e.g. name of forest reserve/district.)

2.3 Size of FMU (ha) : _____

2.4 Forest area for certification (ha) : _____

2.5 Forest classification (please tick) : Natural Forest Forest Plantation



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2.6 Forest type(s) (please tick) :

Table with 2 columns: Forest Type, Size (ha). Rows include Dry Inland Forest, Peat Swamp Forest, Mangrove Forest, and Degraded Forest.

2.7 Main species :

2.8 Productive forest area (ha) :

Actively managed area (ha) :

2.9 Forest Plantation :

Rotation period :

Main species :

2.10 Forest Management history :

Agreement period (year to year) (if any) :

Annual allowable cut (ha) :

Annual harvest (m³) :

2.11 Availability of forest management plan : [] Yes [] No

Year and period of the forest management plan :

Map describing the forest resource base including HCVF : [] Yes [] No

2.12 Tick if the FMU/FPMU has one or more of the following attributes :

- has significant concentration of biodiversity values (e.g. endangered species, refugia)
contains rare, threatened or endangered ecosystems
has provided watershed protection, erosion control etc
fundamental to meeting basic needs (e.g. subsistence, health) and/or critical to local communities' traditional cultural identity (areas of cultural, ecological, economic or religious significance)

2.13 Forestry-related issues (if any) :

(a) Legal (e.g. customary tenure or use rights, land claims, indigenous peoples' rights)

Three horizontal lines for text input.

(b) Environmental (e.g. water resources, national park, unique and fragile ecosystem, High Conservation Value Forest (HCVF), etc.)

Two horizontal lines for text input.

(c) Social (e.g. sites of special cultural, ecological, or religious significance to indigenous people, etc.)

Two horizontal lines for text input.



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3. OTHER INFORMATION

3.1 Traveling mode from main office to FMU : _____

3.2 Nearest airport and distance of main office to FMU:

3.3 Have you engaged the service of a consultant? [] Yes [] No

If 'yes' give the name of the consultant and company's name :

3.4 Have your organization/company obtained certification for any management system?

[] Yes [] No

If yes, indicate the management system : _____

3.5 Pending legal action related to the FMU (if any) : _____

3.6 Outsourcing activities (if any) : _____
(e.g. harvesting contractor)

3.7 Proposed date for :

Stage 1 Audit (on-site documentation audit) : _____

Stage 2 Audit (audit on compliance) : _____

(These dates are tentative and will be confirmed by SIRIM QAS International Sdn. Bhd.)

3.8 Please indicate if any language other than English or Bahasa Melayu is mainly used within the organization.

(Note: Please indicate whether it is feasible to conduct the audit in English and/or Bahasa Melayu. The use of any other language may require the use of translator(s)/interpreter(s) for which there will be additional charges.)

Thank you for your co-operation in completing the questionnaire. Please ensure that all information requested have been provided to expedite the processing. Kindly submit the completed Questionnaire to:

Head of Sales and Business Development, Management System Certification Department, SIRIM QAS International Sdn. Bhd.

Address : Building 4, SIRIM Complex, No. 1, Persiaran Dato' Menteri, 40700 Shah Alam, Selangor Darul Ehsan, Malaysia.

Email : ask.msc@sirim.my

Fax : 603-5544 6787

Name of authorised representative responsible for filling out this questionnaire : _____

Date : _____

SIRIM Group is committed in ensuring the confidentiality, protection, security and accuracy of your personal information made available to SIRIM GROUP in accordance with the Personal Data Protection Act 2010. It is your obligation to ensure that all personal information submitted and retained is accurate, not misleading, updated and complete in all aspects. SIRIM Group and/or its employees or authorised officers or agents will not be responsible for any personal information submitted by you that is inaccurate, misleading, incomplete or not updated.

Please refer to our Personal Data Protection Policy at http://www.sirim.my/privacy for further information.

FOR OFFICE USE ONLY:

Adequate information received: Proceed with contract review []
Request for quotation declined. Justification for declining: []

Head/Executive of Sales and Business Development : _____ Date : _____