

## ANNEX 2

### Company questionnaire prior to third-party inspection of Qualimat Transport Specification compliance

Important: Help with completing this document is shown in green.

#### 1. Details of company to be audited.

Reminder: In accordance with section 3.1.3 of the Regulations, when a company relocates it is not covered by any certificate awarded to its head office or to another company, with the exception of freight forwarders.

- Company

Company name			
Group			
Address			
Billing address (if different)			
Phone no.			
Legal status			
SIRET no. (business registration)			
Intra-EU VAT no.		APE code (main activity)	

- Contact person

Surname/First name			
Position			
Email			
Mobile		Landline	

#### 2. Company status with Qualimat Transport

Tick the box corresponding to your current status with Qualimat transport and enter the associated details:

<input type="checkbox"/>	Transport operator <b>registering for the first time</b>	Registration submitted on (date)	
		No. on temporary Oqualim certificate	CDC
		Certificate expiry date	
<input type="checkbox"/>	Transport operator applying for <b>re-registration after withdrawing from the system</b>	Re-registration submitted on (date)	
		Date registration acknowledged by Oqualim	
<input type="checkbox"/>	Transport operator <b>already registered and having a valid Qualimat certificate</b>	Name of certifying body handling the file	
		Date of last audit	
		Expiry date of current certificate	

### 3. Business activity

☐ Public transport of goods ☐ Freight forwarder

#### In the last 12 months

- Number (maximum) of drivers (including temporary staff)
- Do you use a haulage service? ☐ Yes ☐ No

Do you have container parking bases other than on the operating site concerned by this questionnaire? ☐ Yes ☐ No

### 4. Quality System

Is your quality system accredited by a third-party certifying body other than Qualimat Transport? ☐ Yes ☐ No

If so, please specify:

- Name of certificate
- Name of certifying body

### 5. Information relating to the use of containers.

In the table below, indicate the maximum number of containers in use at the same time (owned and rented)

- Since signing the registration [if you're registering for the first time.](#)
- Since signing the re-registration [if you're re-registering.](#)
- Since your last audit [if you're already certified.](#)

#### 5.1. Containers transporting 'products' covered by the Qualimat Transport Specifications (except the regulated 'products' under section 5.2)

Type of container	Number of containers transporting 'products'	Cleaning level				Category of goods transported including IDTF number (or attach a list)
		A	B	C	D	
Cereal tipper	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Moving floor tipper	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Feed tanker	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Liquid tanker	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Powder tanker	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## 5.2. Containers used solely for transporting regulated 'products'

This section concerns the transport of products derived from animal by-products and governed by Regulation EC 999/2001

Type of container	Number of containers used solely for transporting regulated 'products'	Category of goods transported including IDTF number
Cereal tipper		
Moving floor tipper		
Feed tanker		
Liquid tanker		
Powder tanker		
Other (specify)		

## 5.3. Containers transporting prohibited goods.

Type of container	Number of containers transporting prohibited goods	Category of goods transported
Cereal tipper		
Moving floor tipper		
Public works tipper		
Liquid tanker		
Powder tanker		
Other (specify)		

## 5.4. Containers transporting neither 'products' (regulated or otherwise) nor prohibited goods.

If you have no containers in this category, please insert '0' in the box below.

Number of containers	
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### 5.5. Containers rented (as owner or renter) and second-hand containers purchased.

For these questions, your answer should relate to the relevant period:

- Since signing the registration if you're registering for the first time.
- Since signing the re-registration if you're re-registering.
- Since your last audit if you're already certified.

Do you rent any transport equipment?

☐ Yes

☐ No

If so,

- Number of rental **containers** used as renter:
- Number of rental **containers** owned:


Have you purchased any second-hand containers?

☐ Yes

☐ No

If so, how many:

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## 6. Details of business activity

For these questions, your answer should relate to the relevant period:

- Since signing the registration if you're registering for the first time.
- Since signing the re-registration if you're re-registering.
- Since your last audit if you're already certified.

### 6.1. Subcontracting

Do you sub-contract any transport as a registered Qualimat Transport operator?

☐ Yes

☐ No

### 6.2. In-house washing station

Is there an in-house washing station included under the SIRET number for the registered operating company?

☐ Yes

☐ No

### 6.3. Mutual recognition

Do you operate your transport activity under a mutual recognition of standards?

☐ Yes

☐ No

- GMP+ International
- FCA - OVOCOM
- QS

☐

☐

☐

**I certify that the information above is true and accurate.**

Date:

Name of signatory:

Signature: