

**SQAS-AFRICA
PRE-AUDIT DOCUMENT**

| Details of Company to be Audited | |
|----------------------------------|--|
| Company Name | |
| Site Name | |
| Location | |
| Country | |
| Physical Address | |
| Postal Address | |
| Phone | |
| Fax | |
| Website | |
| Contact Person 1 | |
| Name | |
| E-mail | |
| Telephone | |
| Contact Person 2 | |
| Name | |
| E-mail | |
| Telephone | |
| Contact Person 3 | |
| Name | |
| E-mail | |

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| | | | | |
|---|-------------|-------------|---------------------|---|
| Telephone | | | | |
| Details of Company Head Office | | | | |
| Name | | | | |
| Address | | | | |
| Telephone | | | | |
| E-mail Address | | | | |
| Auditor Details | | | | |
| Name of Auditor | | | | |
| Name of Audit Agency | | | | |
| Agency Address | | | | |
| Country | | | | |
| Phone | | | | |
| Mobile Phone | | | | |
| Fax | | | | |
| E-mail | | | | |
| Other Auditors/Observers/Local Specialists | | | | |
| | Name | Role | Organisation | Contact Details (Telephone & E-mail) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

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| Observers from the Company to be Audited | | | | | | |
|---|--------------------------|--------------------------------------|---------------|--------------------------|-------------|--------------------------|
| | Name | Contact Details (Telephone & E-mail) | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| Audit Details | | | | | | |
| Category of Audit | Transport Service | | Tank Cleaning | | Warehousing | |
| Type of Product Handled by the Company | | | | | | |
| | | Bulk | | | Packed | |
| Liquid | <input type="checkbox"/> | -----% | | <input type="checkbox"/> | -----% | |
| Solid | <input type="checkbox"/> | -----% | | <input type="checkbox"/> | -----% | |
| Gas | <input type="checkbox"/> | -----% | | <input type="checkbox"/> | -----% | |
| First Audit | | | | | | <input type="checkbox"/> |
| Re-Audit | | | | | | <input type="checkbox"/> |
| Last Audit Date | | | | | | |
| Last SQAS-AFRICA Core Questionnaire Audit | Date | | | Duration (Hours) | | |
| Other SQAS-AFRICA Audited Site(s) | | | | | | |
| 1 | | | | | | |
| 2 | | | | | | |

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| | | | | |
|---|---------------------------|--------------------------|---------------------------------|--------------------------|
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| Geographical Coverage of the Company's Operations | | | | |
| National | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| International | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Main Destinations (Transport Operations Only) | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| System Certifications | | | | |
| Name (E.g. ISO 9001) | Certification Body | Scope | Certification Number | Expiry Date |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Responsible Care® | | | | |
| Is the Company a Responsible Care® Signatory? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Facilities and Equipment | | | | |
| Facility/Equipment | Total | | | |
| Number of Truck Tractors | | | | |
| Number of Bulk Liquid Semi-Tankers/Tanker Combinations | | | | |

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| | |
|--|--|
| Number of Packaged Goods Semi-Trailers/Trailer Combinations | |
| Number Rigid Trucks/Rigid Tank Trucks | |
| Number of ISO Tanktainers | |
| Number of Container Trailers | |
| Number of Side Tipper Combinations | |
| Maintenance Workshop | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Office Building | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parking for Unloaded Vehicles | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Parking for Loaded Vehicles | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Toilets for Employees and Visitors | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Showers for Employees | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Canteen | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Temporary Storage of Packaged Goods | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fuel Storage and Refuelling | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IBC/Drum Filling | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mixing and Blending | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Packaging | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Waste Storage/Treatment | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Tank Cleaning Facility (Internal Cleaning of Tankers) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Separate Cleaning Bays for Food | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Separate Cleaning Bays for Chemicals | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Number of Spinners | |

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| | | |
|---|--|-----------------|
| Number of Steam Boilers | | |
| Steam Pressure (in Bars) | | |
| Cleaning Water Temperature Range | | |
| Number of Dryers | | |
| Number of Pressure Pumps | | |
| Pressure Pump Pressure Range | | |
| Description of Emergency/Incident Response Equipment Available | | |
| Valid Business Operating Licence (If Applicable) | | |
| Number | | |
| Scope | | |
| Expiry Date | | |
| Are all Activities Within the Scope of this Licence? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If "No" Please Specify | | |
| Personnel | | |
| Total Number of Employees | | |
| Number of Temporary Employees | | |
| Number of Drivers | Permanent _____ | Temporary _____ |
| Sub-Contracting | | |
| Percentage (of Total Tonnage) Transported/Handled by Sub-Contractors | Bulk _____% | Packed _____% |
| Number of Sub-Contractors Used for Transportation | | |
| Long-Term Owner-Drivers | | |
| Long Term Sub-Contractors (Excluding Owner-Drivers) | | |

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| Business Partners (Client, Supplier, Vendor, Service Partner, Etc) | | | |
|---|--|------------------------------|-----------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| Products Transported/Handled | | | |
| Total Tonnage of Products Transported/Handled Per Year? | | | |
| Percentage Dangerous Goods of the Total Tonnage | | | |
| Classes of Dangerous Goods Transported/Handled | | | |
| Class 1 | Explosives | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 2 | Gases | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 3 | Flammable Liquids | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 4 | Flammable Solids, Spontaneously Combustible Materials, and Dangerous when Wet Materials/Water Reactive Substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |

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| | | | |
|-----------------------|--|------------------------------|-----------------------------|
| Class 5 | Oxidizing Substances and Organic Peroxides | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 6 | Toxic Substances and Infectious Substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 7 | Radioactive Materials | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 8 | Corrosive Substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Class 9 | Miscellaneous Hazardous Materials | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| General Cargo | Low and/or Non-Hazardous Cargo | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| List Main Products | | | |
| | | | |
| Other Products | Food Yes <input type="checkbox"/> No <input type="checkbox"/> Feed Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorinated Yes <input type="checkbox"/> No <input type="checkbox"/> Pharma Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | Cosmetic Yes <input type="checkbox"/> No <input type="checkbox"/> Allergan Free Yes <input type="checkbox"/> No <input type="checkbox"/> | | |