

**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	

**SQAS-AFRICA
PRE-AUDIT DOCUMENT**

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				

SQAS-AFRICA PRE-AUDIT DOCUMENT

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						

**SQAS-AFRICA
PRE-AUDIT DOCUMENT**

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				

SQAS-AFRICA PRE-AUDIT DOCUMENT

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	

**SQAS-AFRICA
PRE-AUDIT DOCUMENT**

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)		

SQAS-AFRICA PRE-AUDIT DOCUMENT

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			

SQAS-AFRICA PRE-AUDIT DOCUMENT

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"/>	