


RePro Sample Questionnaire

Note: we remind you that these images are only for your information and show the information that we will ask from you in the on line questionnaire. You have acces to it after you fill the application form (in this web) and pay the first anual fee.

[Click here to begin](#)

RePro Num:	General Information <input type="text"/> Return to List Add New Validate/Save Clear Delete																													
Questionnaire	Completed by Help																													
<input type="checkbox"/> Welcome <input checked="" type="checkbox"/> 1. General <input type="checkbox"/> 2. Personnel <input type="checkbox"/> 3. Employees <input type="checkbox"/> 4. Locations <input type="checkbox"/> 5. Registration <input type="checkbox"/> 6. Bank, Auditor and Insurance <input type="checkbox"/> 7. Financial Information <input type="checkbox"/> 8. Associated Companies <input type="checkbox"/> 9. Quality <input type="checkbox"/> 10. Environment <input type="checkbox"/> 11. Health & Safety <input type="checkbox"/> 12. Other Accreditations <input type="checkbox"/> 13. Products/Services <input type="checkbox"/> 14. Declaration	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 150px;">Name:</td> <td style="text-align: right;">----</td> </tr> <tr> <td>Telephone:</td> <td style="text-align: right;">-----</td> </tr> </table>		Name:	----	Telephone:	-----																								
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RePro Num:	Personnel << <input type="text"/> >> Return to List Add New Validate/Save Clear Delete	
Questionnaire	Contact person (For RePro) Help	
<input type="checkbox"/> Welcome <input type="checkbox"/> 1. General <input checked="" type="checkbox"/> 2. Personnel <input type="checkbox"/> 3. Employees <input type="checkbox"/> 4. Locations <input type="checkbox"/> 5. Registration <input type="checkbox"/> 6. Bank, Auditor and Insurance <input type="checkbox"/> 7. Financial Information <input type="checkbox"/> 8. Associated Companies <input type="checkbox"/> 9. Quality <input type="checkbox"/> 10. Environment <input type="checkbox"/> 11. Health & Safety <input type="checkbox"/> 12. Other Accreditations <input type="checkbox"/> 13. Products/Services <input type="checkbox"/> 14. Declaration	Name: ---- Title: ---- Telephone: ---- Fax: ---- E-Mail: ---- Address: ---- Postal Code: ---- Town/City: ---- County: ---- Country: ----	
	:Contact person for everything related to your Company's Registration (questionnaire, updating, certificates, etc.) In order to designate the contact person for the Subscribing Companies use the fields on the "Locations" folder. 	
	Key personnel Help	
	President: ---- Managing Director: ---- Technical Director: ---- Sales Director: ---- Other Relevant personnel: ----	
	Additional comments: Help	
	Additional comments: ----	

RePro Num:

 Welcome

Questionnaire

- 1. General
- 2. Personnel
- 3. Employees
- 4. Locations
- 5. Registration
- 6. Bank, Auditor and Insurance
- 7. Financial Information
- 8. Associated Companies
- 9. Quality
- 10. Environment
- 11. Health & Safety
- 12. Other Accreditations
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- 14. Declaration

Employees

Return to List

Add New

Validate/Save

Clear

Delete

In this section you must include the distribution of employees at the end of the year in the last two years. 

Number of employees

 1 - 2 of 2

Return to List

Add New

Validate/Save

Clear

Delete

Max Entries Reached

1 Year: ---- 

Total number of employees: ----

View Item

2 Year: ---- 

Total number of employees: ----

View Item

 Average total staff (12 months): ----

Average age: ----

Annual working hours (Per employee): ----

Additional comments

Help

Additional comments: ----

- RePro Num:**
- Welcome
- Questionnaire**
- 1. General
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Locations << [] >> Return to List Add New **Validate/Save** **Clear** Delete

Locations << [] >> Return to List Add New **Validate/Save** **Clear** Delete

1 **Address:** ----

View Item

You must fill in at least a Location.

Additional Comments **Help**

Additional Comments ----

RePro Num:

Welcome

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Registration

Return to List

Add New

Validate/Save

Clear

Delete

Registration data

Help

Registration No. ---- / ----
 Registration Year: ----
 Registration Town/City: ----
 Country: ----
 Social Security No.: ----
 VAT No. ----

Fiscal Data

Help

Share Capital(Euros): ----
 Does any of the shareholders own more than 10% of the share capital? ----

Name of Shareholders holding more than 10% of Share Capital.

Help

Shareholders


Return to List

Add New

Validate/Save

Clear

Delete

If you add one company as Shareholder do not forget to include it as well in the Section "Associates companies" as Ultimate Parent Company or Associated Company. 

Additional comments

Help

Additional comments: ----

RePro Num:	Bank, Auditor and Insurance << <input type="text"/> >> Return to List Add New Validate/Save Clear Delete
<input type="checkbox"/> Welcome	
Questionnaire	Main Bank Help
<input type="checkbox"/> 1. General	Name: ----
<input type="checkbox"/> 2. Personnel	Address: ----
<input type="checkbox"/> 3. Employees	
<input type="checkbox"/> 4. Locations	Auditor Help
<input type="checkbox"/> 5. Registration	Name: ----
<input checked="" type="checkbox"/> 6. Bank, Auditor and Insurance	Address: ----
<input type="checkbox"/> 7. Financial Information	Public liability insurance Help
<input type="checkbox"/> 8. Associated Companies	Does your company have public liability insurance? ----
<input type="checkbox"/> 9. Quality	Insurance company: ----
<input type="checkbox"/> 10. Environment	Annual limit (in euro): ----
<input type="checkbox"/> 11. Health & Safety	Additional comments Help
<input type="checkbox"/> 12. Other Accreditations	Additional comments: ----
<input type="checkbox"/> 13. Products/Services	
<input type="checkbox"/> 14. Declaration	

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Financial Figures << [] >> Return to List Add New **Validate/Save** **Clear** Delete

Financial Figures << **1 - 2 of 2** >> Return to List Add New **Validate/Save** **Clear** Delete

Max Entries Reached

1 **Year:** ----

View Item

2 **Year:** ----

View Item

Additional comments **Help**

Additional comments: ----

RePro Num:

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Associated companies

Return to List

Add New

Validate/Save

Clear

Delete

Financial Figures of the Ultimate parent company in Euros

Help

Are there consolidated accounts? ----



Name: ----

Address: ----

Annual Turnover ----

Pre-tax profit: ----

Total Assets ----

Current assets: ----

Short Term liability: ----

% of share capital hold ----

Associated Company

Return to List

Add New

Validate/Save

Clear

Delete

Additional comments

Help

Additional comments: ----

RePro Num:

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Quality << >> [Return to List](#) [Add New](#) [Validate/Save](#) [Clear](#) [Delete](#)

🔍 **Does your company have a certified quality assurance system?** ----
If not, is it scheduled for next year? ----
Quality System Manager : ----

Certified Quality Management Systems [Help](#)

Quality Management Systems << >> [Return to List](#) [Add New](#) [Validate/Save](#) [Clear](#) [Delete](#)

Additional comments [Help](#)

Additional comments: ----

RePro Num:

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Environment << >> Return to List Add New Validate/Save Clear Delete

🔍 Does your company have a certified environmental management system? ----
 If not, is it scheduled for next year? ----
 EMS manager: ----

Environmental management systems Help

Environmental management systems << >> Return to List Add New Validate/Save Clear Delete

Additional comments Help

Additional comments: ----

RePro Num:	Health & Safety		Return to List	Add New	Validate/Save	Clear	Delete
Welcome							
Questionnaire	Documented SGPR Help						
1. General		Does your company have a documented H&S management system?	Yes				
2. Personnel		Standard:	----				
3. Employees		Was the system certified by a third party?	----				
4. Locations		Audited by:	----				
5. Registration		Issuing date:	----				
6. Bank, Auditor and Insurance		Expiry date:	----				
7. Financial Information	Health and safety measures Help						
8. Associated Companies		How are the H&S tasks carried out?	----				
9. Quality	If the company has an internal service i						
10. Environment		Was the legal audit performed?	----				
11. Health & Safety	If the company has and external service or a compound service (internal-external) i						
12. Other Accreditations		External Service Company:	----				
13. Products/Services	If the company has a compound service (internal-external) i						
14. Declaration		Work Safety:	----				
		External Service Company:	----				
		Industrial hygiene:	----				
		External Service Company:	----				
		Ergonomics	----				
		External Service Company:	----				
		Work Medicine:	----				
		External Service Company:	----				
	Training in Health and Safety measures Help						
		H&S Manager:	----				
	Specify the number of employees that have received training in Health and Safety measures (according to these 3 levels) i						
		Basic level:	----				
		Intermediate level:	----				
		High level:	----				
	Documentation Help						
		Is there a documented risk evaluation?	----				
		Are the prevention and protection measures documented?	----				
		Does a prevention plan exist?	----				
	Accidents Help						
		Nº of unproductive days caused by work related	----				
		Nº of unproductive days caused by work related illness	----				
		Number of unproductive days due to sick leave:	----				
		Frequency ratio:	----				
		Seriousness ratio:	----				
	Additional comments Help						
		Additional comments:	----				

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Other Accreditations[Return to List](#)[Add New](#)[Validate/Save](#)[Clear](#)[Delete](#)

Please, introduce your company's most important certificates, such as classifications in official registries, homologations with important clients, accreditations from inspection organizations, etc. (Do not include in this section the quality or environmental management systems, but in the section designed for them).











**Others Acreditations**[Return to List](#)[Add New](#)[Validate/Save](#)[Clear](#)[Delete](#)**Additional comments**[Help](#)

Additional comments:

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Products/Services << [] >> Return to List Add New **Validate/Save** **Clear** Delete

Products/Services << **1 - 5 of 5** >> Return to List Add New **Validate/Save** **Clear** Delete

1	 Product/Service category: -----	<input type="checkbox"/> 
	View Item	
2	 Product/Service category: -----	<input type="checkbox"/> 
	View Item	
3	 Product/Service category: -----	<input type="checkbox"/> 
	View Item	
4	 Product/Service category: 1 .4 .4 Conductor de línea aérea aislado	<input type="checkbox"/> 
	View Item	
5	 Product/Service category: -----	<input type="checkbox"/> 
	View Item	

Additional comments **Help**

Additional comments: -----

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Declaration

[Return to List](#)[Add New](#)[Validate/Save](#)[Clear](#)[Delete](#)

Please confirm that your company has no debt with the tax authority

Please confirm that your company has no debt with the social security

Please confirm that you have sent the signed declaration, confirming all its aspects.

Please confirm that all the information included in this questionnaire is complete and correct.

Please print the signed declaration form and send it to Aquiles with the rest of Required Documentation



The answers in this section must be backed by the support documentation. In other case, the Registration Team would modify them according to the submitted documents.



Additional comments

[Help](#)

Additional comments:
