**Self-evaluation questionnaire for**

**Road Traffic Safety management system certification**

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| --- | --- | --- | --- | --- | --- | --- |
| GENERAL INFORMATION | | | | | | |
| Name of the organisation: ..... | | | | | | |
| Contact person for the preparation of the road traffic safety management system audit activities | Name: ... | | | | | |
| Phone: ... | | | | | |
| Effective no. of personnel for road traffic safety management system:  (personnel with a significant impact on road traffic safety and performance and can include non-permanent personnel – contractors/ external suppliers that affect road traffic safety management system and/ or RTS performance: *e.g. top management, RTS responsibles, drivers, personnel that uses vehicles to carry out activities for the organization, responsibles for maintenance of vehicles, etc*) | | | | |  | |
| Does the organisation have vehicles or means of transport requiring special protection measures? | | Yes |  | | No |  |
| *If yes*, please list these vehicles or means of transport and the special protection measures applied: .................................................  (e.g. vehicles requiring escort by representatives of the authorities) | | | | | | |
| Does the organization provide transportation of hazardous chemicals or preparations? | | Yes |  | No | |  |
| *If yes*, please list these substances: ................................ | | | | | | |
| Does the organization carries out transport, main or support activities? (for example, for the transport of materials, for installation or assembly, for the transport of employees, etc.) | | Yes |  | No | |  |
| How many employees use vehicles for work purpose?  ............................... | | | | | | |
| How many vehicles does the organization have? (e.g. cars, vans, buses, tanks, trucks, etc.) ............................... | | | | | | |
| Does your organisation contract activities to external suppliers for the provision of road transport services? | | Yes |  | No | |  |
| *If Yes*, please list these processes/activities ....................... | | | | | | |
| Have there been any accidents or serious incidents (resulting in casualties/ injuries) involving road traffic in your organisation in the last 3 years? | | Yes |  | No | |  |
| *If Yes*, please specify the number of accidents and road traffic incidents recorded.................... | | | | | | |

In case it is considered necessary CERTIND can request for supplementary information regarding the management system.

CERTIND is bound to confidentiality over the information provided by the organization.

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised representative (first name, surname/position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature, stamp**

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