**Self-evaluation questionnaire for certification of**

**service management systems**

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| **Name of organisation:** | | | | | | | | | | | |
| **Contact person for the preparation of audit activities of the service management system** | | | | | Name, surname, position: | | | | | | |
| Phone: | | | | | | |
| **The effective number of persons involved in ITSMS activities** (e.g.: top management, personnel involved in IT services, IT, deprtaments): ..... | | | | | | | | | | | |
| **The SMSV scope defined:** *Please write the certification scope as definied according to ISO/IEC 20000-1 and ISO/ IEC 20000-3:* | | | | | | | | | | | |
| IT services provided by the organisation (e.g. Internet Service Provider (ISP) / Application Service Provider (ASP), software development, etc,; cloud services; technological services to support facility management; business process outsourcing (BPO); technological services to support the activity of any sector: telecommunications, finance, retail, tourism, utilities, etc.) for: | | | | | | | | | | | |
| **Client type** | | | | | **Provided IT services** | **The locations where IT services are carried out** | **Departmets** *(applicable only for IT services – internal clients)* | | | | |
| IT services – internal clients | Yes |  | No |  | *Please specify the services provided in the IT field:* |  | *Please name the department within the organisation responsibile with IT services:* | | | | |
| IT services – external clients | Yes |  | No |  | *Please specify the services provided in the IT field:* |  |
| Have there been any security incidents (unauthorized access to information, data theft/ corruption, disclosure of sensitive/ confidential data, etc.) in the last 12 months? | | | | | | | Yes |  | | No |  |
| *If yes, please describe the incident, its extent and impact on the system:* | | | | | | | | | | | |
| Does the organization have current certifications (ISO 9001/ ISO 27001) for which an audit has been conducted in the last 12 months? | | | | | | | Yes | |  | No |  |
| *If yes, please list, attach copies of certificate/s and mention the date of the last audit:* | | | | | | | | | | | |
| Does the organisation have any information technology or information protection authorisations? | | | | | | | Yes | |  | No |  |
| *If yes, please list:* | | | | | | | | | | | |
| Within the organisation, are there any confidential documents and records identified that cannot be disclosed during the audit? | | | | | | | Yes | |  | No |  |
| *If yes, please list them:* | | | | | | | | | | | |
| Does your organsiation have documented a Service Catalogue? | | | | | | | Yes | |  | No |  |
| *If yes, please attach the Service Catalogues to this form.* | | | | | | | | | | | |
| Has the organization identified its stakeholders in the scope of the ITSMS? | | | | | | | Yes | |  | No |  |
| Supplier type | |  |  |  | **Provided IT services** | | | | | | | |
| Internal supplier | Yes |  | No |  | *Please specify the services provided in the IT field:* | | | | | | | |
| Exernal supplier | Yes |  | No |  | *Please specify the services provided in the IT field:* | | | | | | | |
| Clients acting as supplier | Yes |  | No |  | *Please specify the services provided in the IT field:* | | | | | | | |

**Business and organisational factors**

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| Category | Grade | Tick one of the options | |
| Headquarters | Work location |
| Type(s) of business sector and regulatory requirements | 1. Organisation operates in non-critical business sectors and unregulated sectors (\*) |  |  |
| 2. The organisation has customers in critical business sectors(\*) |  |  |
| 3. The organisation works in critical business sectors (\*) |  |  |
| Processes and tasks | 1. Identical activities performed on all shifts, with adequate evidence of equivalent performance on all shifts. |  |  |
| 2. A significant proportion of staff perform similar simple activities. |  |  |
| 3. The size or complexity of the ITSMS domain (large number of services, staff or locations, specialised services that require the auditors' understanding). |  |  |
| 4. High degree of legal and regulatory requirements affecting the customer's ITSMS (e.g. intellectual property rights, privacy, food, pharmaceutical, aerospace, nuclear). |  |  |
| Maturity level of MS | 1. The ITSMS is mature and/or there are other management systems implemented by an accredited certification body. |  |  |
| 2. Some elements of other management systems are implemented, others are not. |  |  |
| 3. No other management system is implemented, ITSMS is new and not mature. |  |  |
| (\*) Critical business sectors are sectors that may affect public services, food, pharmaceutical, nuclear, aerospace that will cause risks to health, security, economy, image and intellectual property. | | | |

**Factors related to the IT service**

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| --- | --- | --- | --- |
| Category | Grade | Tick one of the options | |
| Headquarters | Work location |
| Reliance on outsourcing and providers, including cloud services | 1. Little or no dependence on outsourcing or suppliers. |  |  |
| 2. Average dependence on outsourcing or suppliers, related to certain business activities, but not for important ones. |  |  |
| 3. High dependence on outsourcing or suppliers, high impact on important business activities. |  |  |
| Development/change (addition or removal, transfer or significant changes) of services | 1. No system or very limited development/change in system/ application. |  |  |
| 2.Average system development/ change applications change for certain important business purposes are done in-house or outsourced. |  |  |
| 3. Extensive system/ application development/change for certain important business purposes are performed in-house or outsourced. |  |  |

Please indicate if there are any confidential documents and records identified within the scope of the ITSMS that cannot be presented for assessment during the course of the audit:

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If it is considered necessary for the preparation of the evaluation,

CERTIND may request additional information on the service management system.

CERTIND undertakes to ensure the confidentiality of the information contained in this questionnaire.

# Date

Authorised representative