**Self-evaluation questionnaire for certification of information security management system**

**(Annex to the Application for certification)**

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| Organization:  |
| Contact person for the audit  | Name:  |
| Telephone:  |
| **Were there any security incidents (unauthorized access to information, accidental loss/coruption of data, corruption of data due to malware) during last 12 months?** | Yes |  | No |  |
| If yes, please describe: |
| If yes, please mention in which category were the incidents found (financial, marketing, personnel, production, research, classified information, etc) |
| **Does your organization hold certifications issued by other information technology of information security entities?** | Yes |  | No |  |
| If yes, please mention:  |
|  **Does the organization have sites and disaster recovery sites (DRs)?** | Yes |  | No |  |
| If yes, please state their no.: |

**Factors related to business and organization (other than IT)**

|  |  |  |
| --- | --- | --- |
| Category | Grade | Please check one option |
| Headquarter  | Secondary location |
| Type(s) of business and regulatory requirements | 1. Organization works in non-critical business sectors and non-regulated sectors (\*) |  |  |
| 2. Organization has customers in critical business sectors (\*)  |  |  |
| 3 Organization works in critical business sectors (\*) |  |  |
| Processes and tasks | 1. Standard processes with standard and repetitive tasks; lots of persons doing work under the organization’s control carrying out the same tasks; few products or services |  |  |
| 2. Standard but non-repetitive processes, with high number of products or services |  |  |
| 3. omplex processes, high number of products and services, many business units included in the scope of certification (ISMS covers highly complex processes or relatively high number or unique activities) |  |  |
| Level of establishment of the MS | 1. ISMS is already well established and/or other management systems are in place |  |  |
| 2. Some elements of other management systems are implemented, others not |  |  |
| 3. No other management system implemented at all, the ISMS is new and not established |  |  |
| (\*)Critical business sectors are sectors that may affect critical public services that will cause risk to health, security,economy, image and government ability to function that may have a very large negative impact to the country. |

 **Factors related to IT environment**

|  |  |  |
| --- | --- | --- |
| Category | Grade | Please check one option |
| Headquarter | Secondary location |
| IT infrastructure complexity | 1. Few or highly standardized IT platforms (<50), servers(<10), operating systems, databases, networks, etc.  |  |  |
| 2. Several different IT platforms (>50), servers (>10), operating systems, databases, networks |  |  |
| 3. Many different IT platforms(>100), servers(>50), operating systems, databases, networks |  |  |
| Dependency on outsourcing and suppliers, includingcloud services | 1. Little or no dependency on outsourcing or suppliers |  |  |
| 2. Some dependency on outsourcing or suppliers, related to some but not all important business activities |  |  |
| 3. High dependency on outsourcing or suppliers, large impact on important business activities |  |  |
| Information System development | 1. None or a very limited in-house system/application development |  |  |
| 2. Some in-house or outsourced system/application development for some important business purposes |  |  |
| 3. Extensive in-house or outsourced system/application development for important business purposes |  |  |

**Please attach to this questionnaire a copy of the Declaration of applicability in force**

Please specify whether certain information related to SMSI may not be available for review by the audit team in the audit conducted because it contains confidential or sensitive information:

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If deemed necessary for the preparation of the assessment,

CERTIND may request additional information on the information security management system.

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

# Date

Authorised representative (name, signature):