

*Information Provided in Confidence***0 Introduction**

The purpose of this questionnaire is gather the necessary information on the audit site prior to undertaking an on-site audit. The questionnaire covers each area of environmental concern, and is supplemented by information checklists for each of these areas. This questionnaire is designed to familiarize the environmental audit team with the site operations prior to the audit visit, while information checklists highlight a list of the documents required prior to the audit.

Please complete the forms as thoroughly and accurately as possible. Where a question does not apply or cannot be answered, please respond with not applicable or unknown. Respondents are encouraged to provide responses which reflect the actual conditions as opposed to the 'ideal' situation. Provision of pertinent information prior to the audit visit will allow the audit team to be adequately prepared resulting in a more effective audit.

Note: Unless otherwise specified, references made to 'premises' or 'area' in this questionnaire generally refer to premises which the respondent represents.

*Information Provided in Confidence***1 General Departmental Information**

(To be completed by the Designated Internal Auditor)

Building Information

- A.
- i. Are the premises owned or leased?
 - ii. When were the properties first acquired by this department?
 - iii. What are the areas of the premises (break down by floor/functional area)?
 - iv. Are there any known cases of asbestos material use in the building construction? If so, are these uses indicated on the floor plans?
- B. Indicate the dates, ownership, and use(s) of the properties prior to the date of acquisition or lease by this department.
- C. Have there been any remedial investigations or corrective actions taken at these premises (e.g. indoor air quality monitoring, wastewater monitoring, etc.)? Describe briefly:
- D. Have there been any known discharges, investigations, or mitigation actions at neighbouring offices/adjacent buildings? If so, describe briefly.
- E. List the names of environmental or building services consultants retained (i.e. IAQ monitoring, energy audit etc.) and briefly describe the projects involved.

Provide name of staff responsible for Departmental building services issues.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

*Information Provided in Confidence***1.1 Overall Environmental Management*****Departmental Level****(Questions A to K to be completed by Designated Internal Auditors)*

- A. List number of staff at the premises (by location):
- | | |
|-------------------------|-------|
| Professional | _____ |
| Technical/Field | _____ |
| Others (please specify) | _____ |
- B. Is there a Departmental Environmental Policy? If so, please provide a copy.
- C. Describe the scope of existing Departmental Policy (i.e. application to resources used, pollution prevention, energy use and conservation, training, public relations etc.).
- D. Is the Environmental Policy signed by the Director of the Department?
- E. Has a Department Environmental Coordinator been formally appointed and given the responsibility of implementing the policy within the Department?
- F. Has the Department Environmental Coordinator been given the responsibility for monitoring the effectiveness of policy implementation?
- G. Is the Environmental Policy on prominent display at all Departmental premises?
- H. Has every staff member been issued with a copy (or summary) of the Environmental Policy?
- I. Is there a written procedure and schedule for reviewing the Environmental Policy?

*Information Provided in Confidence***1.1 Overall Environmental Management (Cont'd)**

- J. Are all revisions of the Environmental Policy communicated to all parties concerned? (i.e., office managers, staff members, concerned public members)?
- K. Have staff, financial and other necessary resources been allocated to cover specific environmental issues (i.e., emergencies, waste management, monitoring, audit, etc.) at Departmental level? Please specify.

Provide name of staff responsible for Departmental Environmental Policy issues.

Name and Title: _____

Location: _____

Telephone: _____

Facsimile: _____

Premise Level

(Questions L to S to be completed by Site Facilitators or designated persons)

- L. List number of staff at the premises (by floor):

Professional _____

Technical/Field _____

Others (please specify) _____

- M. Indicate elements of Departmental Policy pertinent to the responsibility of this premise.

- N. Has an office environmental coordinator been formally appointed and given the responsibility of implementing the policy within the office?

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1.1 Overall Environmental Management (Cont'd)

- O. Has an office environmental coordinator been given the responsibility for monitoring the effectiveness of policy implementation?

- P. Is the Environmental Policy on prominent display at this premise?

- Q. Has every office member been issued with a copy (or summary) of the Environmental Policy?

- R. Are all revisions of the Environmental Policy communicated to all members concerned?

- S. Have staff, financial and other necessary resources been allocated to cover specific environmental issues (emergencies, waste management, monitoring of discharges/ emissions, environmental performance audit) at office level? Please specify.

Provide name of staff responsible for Office Environmental Policy issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.2 Materials Procurement Policy*****Departmental Level***

(Questions A to E to be completed by the Designated Internal Auditors)

- A. Is there an inventory of all incoming supplies and materials for:
- i. Office supplies (i.e., paper, stationery etc.)
 - ii. Computer related supplies (i.e., printer toner cartridges, paper etc.)
 - iii. Refreshment supplies (i.e., Styrofoam cups, packaged beverages etc.)
 - iv. Others (specify)
- B. Are there any defined procedures for inventory keeping, updating and checking?
- C. Is there a mechanism for verifying new supplies/materials for:
- i. Nature, quality, quantity, and specification
 - ii. Compliance with environmental regulations and/or Departmental guidelines
 - iii. Potential environmental impacts
 - iv. Compliance with health and safety regulations and/or Departmental guidelines
 - v. Packaging materials (i.e., quantity, biodegradability, recyclability etc.)
- D. Provide details on any policy/guidance for reviewing existing supplies and materials in relation to possible 'environmentally friendly' alternatives:

*Information Provided in Confidence***1.2 Materials Procurement Policy (Cont'd)**

- E. Is there a similar system of controls on the materials introduced to the premises (i.e., contractors, laboratory samples etc.)?

Provide the name of staff responsible for Departmental procurement issues.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

Premise Level

(Questions F to J refer to areas over and above procurement undertaken at the premise level, and are to be completed by Site Facilitators or Designated persons)

- F. Is there an inventory of all incoming supplies and materials?
- G. Are there any defined procedures for inventory keeping, updating and checking?
- H. Is there a mechanism for checking of new supplies and materials for:
- i. Nature, quality, quantity, and specification
 - ii. Compliance with environmental regulations and/or Departmental guidelines
 - iii. Possible environmental impacts
 - iv. Compliance with health and safety regulations and/or Departmental guidelines
 - v. Packaging materials (i.e., quantity, biodegradability, recyclability etc.)

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1.2 Materials Procurement Policy (Cont'd)

- I. Provide details on any policy/guidance for reviewing existing supplies and materials in relation to possible 'environmentally friendly' alternatives:

- J. Is there a similar system of controls on the materials introduced to the Departmental premises (i.e., contractors, laboratory samples etc.)?

Provide the name of staff responsible for procurement issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.3 Energy Management***(To be completed by the Designated Internal Auditor)*

- A. Are there records of energy use for the Department's premises (e.g. break down by floor)?
- B. Have there been audits undertaken to identify energy use and minimisation opportunities? If so, where are the reports kept?
- C. Are there defined maintenance programmes to ensure all equipment is operating at optimum efficiency?
- D. Are there formal arrangements to replace energy inefficient equipment/fixtures?
- E. Are there formal procedures to consider energy efficiency when purchasing new equipment?
- F. Is there a written commitment to reduce energy use? If so, attach a copy.
- G. Has the responsibility to reduce energy use been formally allocated in writing?
- H. Programmes to monitor energy use and to quantify reduction? Where are the records kept?

Provide name of staff responsible for energy management issues at this premise.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

*Information Provided in Confidence***1.4 Material Management**

(To be completed by the Site Facilitators or other appropriate persons)

Office Operation

- A. Is there an inventory for all supplies and materials?
- B. Is there a mechanism for managing existing supplies and materials for:
- i. Nature, quality, quantity and specification
 - ii. Compliance with environmental regulations and/or Departmental guidelines
 - iii. Possible environmental impacts
 - iv. Compliance with health and safety regulations and/or Departmental guidelines
 - v. Packaging materials (i.e. quantity, biodegradability, recyclability etc.)
- C. Describe any guidance or procedures to review current supplies and materials in relation to:
- i. Eliminate/minimise use of 'environmentally unfriendly' materials
 - ii. Eliminate/minimise storage of 'environmentally unfriendly' materials
 - iii. Eliminate/minimise waste generation
 - iv. Recycling and reuse (i.e. printer toner cartridges, used paper etc.)
- D. Describe any guidance or practice on material management leading to overall environmental performance improvement (i.e., double sided printed, single line spacing, use of non glossy report covers, use of recycled paper stock etc.).

*Information Provided in Confidence***1.4 Material Management (Cont'd)*****Laboratory Operation***

- E. Indicate activities where hazardous materials are used. Describe the nature and quantity of hazardous materials involved, including the following materials - acids, irritants, bases, sensitizers, asphyxiants, heavy metals, cryogenics, flammables, carcinogens, poisons, biological/infectious materials, radioactive, explosive materials.
- F. Is there an inventory of all incoming supplies and materials for:
- i. Standard laboratory supplies
 - ii. Dangerous materials
 - iii. Chemicals
 - iv. Biological/infectious materials
 - v. Radioactive materials
- G. Does the facility maintain a current file of material safety data sheets (MSDS) for all hazardous materials stored at the facility?
- H. Provide details of any licences, permits or applications on file pertinent to hazardous materials storage and handling (i.e. title, number, materials covered, etc).
- I. If applicable, describe investigations or corrective actions taken in the past (i.e. regarding fugitive emissions to atmosphere, major chemical spillages, etc.).
- J. Provide details on any policy or practices relating to the prevention or reduction in overall environmental impact concerning:
- i. Elimination of use of environmental or health and safety adverse substances (i.e., ozone depleting substances, asbestos etc.)

Information Provided in Confidence

1.4 Material Management (Cont'd)

- ii. Proper storage and leakage containment of dangerous materials and chemicals (i.e., corrosive substances, explosives, poisons etc.)

- iii. Appropriate storage and labelling of materials

- iv. Scheduled inspection of storage and handling facilities

Provide name of staff responsible for hazardous materials handling at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

Pesticides

K. Are pesticides used in the premises? If yes, indicate general types and indicate if the use of these pesticides are restricted by any sort of control:

Algicides _____	Herbicides _____
Insecticides _____	Rodenticides _____
Fungicides _____	Other _____

L. Are pesticides applied by Departmental personnel? If so, indicate whether any certification is required by pesticide handlers. Provide details of this certification (i.e., certification title and number, type of pesticide covered etc.).

*Information Provided in Confidence***1.4 Material Management (Cont'd)**

M. If pesticides are stored at these facilities, briefly describe the following:

- i. Locations and storage practices
- ii. Measures in pesticide storage, application and disposal
- iii. Segregation practices

N. If outside contractors are utilized for pesticide application, indicate below:

<u>Contractor</u>	<u>Service Provided</u>	<u>Initial Date of Application & Frequency</u>	<u>Certification Number</u>
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Indicate the name of staff responsible for pesticides issues at this premise.

Staff name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.4 Material Management (Cont'd)*****Asbestos***

- O. Describe any formal asbestos management programme in place
- P. Describe any formal procedures to audit compliance in the asbestos management programme.
- Q. Have formal surveys and inspections been conducted at the site to identify areas if and where asbestos-containing materials are located?
- R. If known, list the premises that have been identified as having asbestos-containing materials and indicate whether the buildings are leased or owned, whether abatement is occurring or is planned, and the type of asbestos-containing material(s) present.

<u>Premises</u>	<u>Leased/Owned</u>	<u>Abatement Action</u>	<u>Asbestos-Containing Material Type*</u>
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* Use following codes: A = sprayed on insulation; B = pipe insulation; C = vessel/ tank insulation; D = equipment (describe, i.e. ovens etc.); E = other (describe, i.e. floor tiles, bench tops etc.)

Provide name of staff responsible for asbestos management issues.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

Information Provided in Confidence

1.5 Water Supply Management

(To be completed by Site Facilitators or other appropriate persons)

- A. Indicate the source of water supply at the premises.

- B. What are the uses of water supplied?

- C. Describe any on-site potable/process water treatment systems.

- D. Indicate frequency of system maintenance/resin regeneration.

Provide name of staff responsible for water supply and quality issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.6 Wastewater Management***(To be completed by Site Facilitators or other appropriate persons)*

- A. List the sources of wastewater, type of discharge and daily volumes for the following types of wastewater.

	<u>Source</u>	<u>Discharge Frequency</u>	<u>Volume (indicate units)</u>
i.	Laboratory Wastewater		
ii.	Sanitary Wastewater		
iii.	Cooling Water Contact Noncontact		
iv.	Others (describe)		

- B. Provide details of any licences or applications on file pertaining to water pollution control regulations (i.e. licence title and number, issuing agency, sources of wastewater covered, locations of discharge points, specific discharge standards etc.).
- C. Describe type(s) of wastewater pre-treatment prior to discharge (i.e. oil separation, neutralization, filtration, ion exchange, carbon treatment etc.).
- D. Indicate locations of all discharge points.
- E. Describe operational specifications and maintenance schedules of the pre-treatment system. Have records been kept?

*Information Provided in Confidence***1.6 Wastewater Management (Cont'd)**

- F. Is any wastewater recycled? If so, describe briefly (i.e. treatment and use).
- G. Describe any formal criteria for reviewing the premises discharge strategies (i.e., reduce or eliminate discharges).
- H. Describe any written procedures to be followed in the event of exceedence of discharge standards.
- I. Are all relevant staff fully trained in the above procedures?
- J. Describe any wastewater compliance monitoring programmes in place. Where are records of all monitoring results kept?
- K. Were there ever any internal investigation and/or mitigation actions taken for wastewater related issues? If so, specify.

Provide name of staff responsible for premises related wastewater regulatory issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.7 Waste Management**

(To be completed by Site Facilitators or other appropriate persons)

- A. Provide details of internal classification, source, nature, quantity and frequency of waste generated (including waste samples brought in for analysis and used pesticides) for:
- i. Dangerous waste
 - ii. Chemical waste
 - iii. Biological/infectious waste
 - iv. Solid waste (including obsolete equipment)
 - v. Radioactive waste
 - vi. Other wastes (specify)
- B. Provide details of any licences, permits or applications on file (i.e. licence/permit and title, number, issuing agency, sources covered, special conditions etc.) in relation to generation, storage, handling, disposal or transportation of these wastes.
- C. Provide details of any on-site waste or disposal systems (i.e. type of waste disposal system and capacity, type and quantity of waste disposed of etc.) for these wastes.
- D. Describe operational specifications and maintenance schedules of the pre-treatment system. If records have been kept, indicate location.
- E. Briefly describe any waste recycled (i.e. type, source, characteristics, treatment and use).
- F. Briefly describe any current waste minimisation programmes (i.e., reduction, reuse and recycling) and indicate responsible staff.

*Information Provided in Confidence***1.7 Waste Management (Cont'd)**

- G. Provide the following information for any off-site facilities used for waste treatment, storage or disposal in the past three (3) years.

<u>Company Name</u>	<u>Premises Name</u>	<u>Type of Waste</u>	<u>Volume (Per Month)</u>	<u>Treatment/ Disposal Method</u>
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- H. Existing programme to audit regulatory compliance in place at the premises? Describe briefly.
- I. Has there been any internal investigation in relation to waste generation, storage, handling or disposal? If so, describe briefly.

Provide name of staff responsible for waste management issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.8 Air Quality Monitoring and Control**

(To be completed by Site Facilitators or other appropriate persons)

General

- A. Describe any formal policy or written guidance in relation to air quality (e.g. smoking policy, use of non-formaldehyde containing carpet underlay/furniture, substitute ozone depleting substances in solvents, refrigerants and fire extinguishers etc.).

Office Operation

- B. Indicate the number of each type of the following equipment at this premise:

Laser printer

Xerox/Photocopier

Facsimile machine

Computer

Others(e.g. ozone generator, specify)

- C. Indicate all other significant sources of indoor air emissions/pollutants not covered above.
- D. Has indoor air pollution at this premise been monitored in the past? If so, are records of findings kept and where?
- F. Is there a programme to monitor the indoor air quality at this premise? If so, describe briefly.
- G. Describe any mitigation actions taken in the area with respect to indoor air quality improvement.

*Information Provided in Confidence***1.8 Air Quality Monitoring and Control (Cont'd)**

- H. If applicable, indicate any known respiratory symptoms or irritations experienced by your premise members (i.e. frequent flu symptoms, sore throat, eye irritation etc.).
- I. Describe known time pattern of symptoms occurrence and relief (i.e. morning, afternoon, weekend etc.).

Provide the name of staff responsible for indoor air quality issues at this premise.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

Laboratory Operation

- J. Identify operations conducted at the premises that involve air emissions (i.e. handling of chemicals and solvents, biological sample preservation etc.).
- K. Is there an inventory of all emissions (including fugitive emissions) released from the area?
- L. Describe any programme of updating emissions inventory.
- M. Describe the air pollution control equipment installed and operating at the premises (i.e. particulate filters, scrubbers etc.).

*Information Provided in Confidence***1.8 Air Quality Monitoring and Control (Cont'd)**

- N. Indicate the number and location of stacks, vents or other outside emission points originating from the area.
- O. Provide details of any licences or applications on file pertinent to ambient air quality regulations (i.e. licence title and number, issuing agency, sources of air emissions etc.).
- P. Describe any formal criteria for reviewing the premises emission strategy (i.e., eliminate or reduce emissions).
- Q. Has this area ever been under any internal investigation and/or taken mitigation action related to ambient air emissions? If so, specify.
- R. Describe any ambient air compliance monitoring programmes in place at the premises. Are records kept of all monitoring results?
- S. Describe any written procedures to be followed in the event of standard exceedance.
- T. Are all relevant staff fully trained in the above procedures?

Provide name of staff responsible for outdoor air quality issues at this premise.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

*Information Provided in Confidence***1.9 Noise Monitoring and Control**

(To be completed by Site Facilitators or other appropriate persons)

- A. Identify all operations or activities that may substantially elevate noise beyond normal premise background levels.

- B. If applicable, describe any current practices to reduce noise levels at the premise.

- C. Have there been any noise monitoring programmes undertaken at the premises? If so, describe briefly.

- D. Have there been any formal complaints received on noise generated within the area? If so, provide details.

Provide name of staff responsible for noise monitoring and control issues at this premise.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

*Information Provided in Confidence***1.10 Transportation and Travel***(To be completed by Site Facilitators or other appropriate persons)*

- A. Describe any formal car fleet procurement policies or selection criteria related to overall environmental performance (i.e. fuel type and economy, refrigerant use, emissions standard, noise level, recyclability of materials, paint use etc.).
- B. Is there an inventory of transportation devices operated by the Department? Describe scope of the inventory (i.e. fuel type and economy, emission level, maintenance requirements etc.).
- C. Describe scope of maintenance programme in place for all transportation devices.
- D. Is there any formal policy or guidance on spillage prevention and disposal of fleet maintenance wastes (i.e., engine oil, refrigerant, tyre etc.)?
- E. Is there a programme in place to monitor air and noise emissions and to effect appropriate arrangement for corrective maintenance as required?
- F. Describe training/instruction provided to drivers/operators on increasing the fleet's environmental performance (i.e. turn off idle engines, minimise number of trips etc.)?
- G. Is there any written policy or guidance on use of Department vs. private vehicles?
- H. Existing guidance on staff transport arrangements to encourage use of public transportation?

Provide name of staff responsible for transportation and travel related issues at this premise.

Name and Title:

Location:

Telephone no.:

Facsimile no.:

Information Provided in Confidence

1.11 Emergency Response Procedures

(To be completed by Site Facilitators or other appropriate persons)

- A. Attach copy of any formal emergency response procedures and/or contingency plans on:
 - i. Disruption of water supply
 - ii. Supplied water treatment system failure
 - iii. Wastewater treatment system failure
 - iv. Chemical/chemical waste spillage
 - v. Dangerous materials/waste spillage
 - vi. Biological/infectious materials/waste release
 - vii. Radioactive materials/waste release

- B. Provide details of any equipment located in areas where emergencies have the potential to occur.

- C. Are the staff in these areas appropriately trained in emergency response procedures?

Provide name of staff responsible for emergency response procedures issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.12 Staff Awareness and Training**

(To be completed by Site Facilitators or other appropriate persons)

Staff Awareness

- A. Are there any regular general meetings on the improvement of the working environment?
- B. Has there been wide participation in specific environmental management issues in the office (e.g. campaigns on reduction of paper and energy usage)? If so, are staff members adequately informed of the specifics (i.e. objectives, approach etc.)?

Training

- C. Describe briefly the nature and topics of premises environmental training (workshops, seminars, campaigns/ activities etc.) offered in the past year.
- D. Is the training programme offered to all relevant personnel?
- E. Have there been regular reviews to ensure the effectiveness of the training programme?
- F. Have the participants been involved in the training review process?

Provide name of staff responsible for staff awareness and training related issues at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.13 Publicity of Environmental Information***(To be completed by Site Facilitators or other appropriate persons)*

- A. Describe any formal programme to ensure staff members responsible for publicity of environmental information have the relevant experience and adequate training.
- B. Are there any formal procedures to review adequacy of publicity materials?
- C. Describe any programme to ensure that information contained in the publicity materials are correct and up to date.

Provide name of staff responsible for publicity of environmental information at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

*Information Provided in Confidence***1.14 Response to Public Enquiries and Complaints***(To be completed by Site Facilitators or other appropriate persons)*

- A. Describe any formal procedures or guidelines in enquiry referral (i.e. both internal and external).
- B. Does the Department have any procedures in place to handle enquiries on environmental information that is publicly available? If so, describe the procedures.
- C. Are there any procedures or guidelines available to handle complaints received from the public? If so, describe briefly.

Provide name of staff responsible for public enquiries and complaints at this premise.

Name and Title: _____

Location: _____

Telephone no.: _____

csimile no.: _____

QUESTIONNAIRE COMPLETED BY:

Name and Title: _____

Premise: _____

Location: _____

Telephone no.: _____

Facsimile no.: _____

Date: _____