



## 医疗机构卓越现场管理体系认证问卷调查表

### Excellent Facility management system certification Questionnaire

Please complete this questionnaire in detail and attach any relevant information describing your hospital's scope of operation, eg. hospital brochures or services or organization chart. On receipt of the completed questionnaire, we will submit you a proposal detailing assessment costs and time scales.

请填写本调查表，并附上贵院经营范围有关资料，如贵院产品或服务简介或组织结构图等。我们收到资料后，会为贵院备妥审核费用及时间安排计划书。

#### SECTION A: Applicant Information 申请人资料

Hospital Name (English 英文) \_\_\_\_\_  
医院名称 (Chinese 中文) \_\_\_\_\_  
Address (English 英文) \_\_\_\_\_  
地址 (Chinese 中文) \_\_\_\_\_  
Post code (邮政编码) \_\_\_\_\_  
Organization Code(组织机构代码) (请见组织机构代码证) \_\_\_\_\_  
Billing Address \* (English 英文) \_\_\_\_\_  
付款通知地址 \* ( Chinese 中文 ) \_\_\_\_\_

(\* If different from above 如与上述相同则不用填写)

Phone 电话 \_\_\_\_\_ Fax 传真 \_\_\_\_\_

Web site 网址 \_\_\_\_\_ E-mail 电邮 \_\_\_\_\_

Management Representative (English 英文) \_\_\_\_\_  
管理者代表 (Chinese 中文) \_\_\_\_\_  
Managing Director (English 英文) \_\_\_\_\_  
5S 最高负责人 (Chinese 中文) \_\_\_\_\_  
Contact (English 英文) \_\_\_\_\_  
联络窗口 (Chinese 中文) \_\_\_\_\_

#### Please submit 请提供：

- The Layout of Certificate Area 需要认证的区域布局图
- Organization Chart with no. of employee breakdown 组织结构图
- Business License 营业执照
- Organization apply for the management system service flow and standards 组织申请单元的卓越现场管理的服务流程及服务标准；
- Regulations and codes of practice in business scope 在业务范围内需符合的法律法规及行业守则清单；
- 5S document list 5s 相关文件清单

#### SECTION B: Certification Information 认证资料





**\* In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail, to the extent of such inconsistency or conflict.**

\* 以上中文译本倘与英文译本在语义上有不一致或抵触之处，概以英文为准。\*