

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 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 П Business License 营业执照 П 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



| 1) | If your company has already registered with SG ticking appropriate box. 如贵公司已经通过 SGS 记 Change / Extend Scope of Certification 更改或扩大认证范围 | | | | | | |
|--------------------------------|---|--|---|--|------------------------|---------------------------------|------------------------------------|
| | Please describe the departments and areas which are intended to include within the scope of registration. 请描述认证范围所包括的科室及场地。 | | | | | | ation. |
| | IMPORTANT: The information provided will be used to define your hospital 's scope of registration and will appear on your Certificate. 重要提示:以下资料将用作定义贵院的注册范围及显示于证书上。 | | | | | | |
| | Please select the level which you would lik three-star level 三星级 | | • | e to apply for 请勾选本次评审希望申请 「four- star level 四星级 | | 的等级 □ five-star level 五星级 | |
| 2) | What is the approximate number of pages contained in the Hospital's 5S documents, excluding copies 贵院的 5S 相关文件约有多少页(不包括表格)? How many forms are in current use? 目前采用表格共有多少份? | | | | | | es of forms? Pages 页 Forms 份 |
| 3) | 医院 | What is the total number of employees and beds in the hospital? 医院的总雇员人数和总床位数employbeds 床 | | | | | |
| 4) | | | ollowing information, as a 述贵院的情况(必要时,请自 | | -) | | essary.) |
| | o. 号 | Department 科室 | Area 区域和面积 | l | No. of Employees 人数 | No. of beds 床位数量 | Major Equipment 主要设备 |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| | 6 | | | | | | |
| 5) | Does the Hospital have any approvals or trainings granted by other certification bodies? If so, please list. 贵院曾否获得其它认证机构的认证或培训?如有,请列出。 | | | | | | |
| 6) | Please advise the certification schedule of your hospital (for reference only). 请提供贵院认证计划时间表(只供参考用 Submit Application 递交申请表 Pre-Certification Assessment (Optional) 预习审核(可选择项目) | | | | | | 表(只供参考用) |
| | Certification Assessment 正式审核 During the Certification Assessment, will 3-month 5S records be available to demonstrate? 正式审核时, 是否可提供三个月的 5S 相关实施记录? Has the Hospital appointed any management consultant? If so, please list. 贵院是否聘用管理咨询公司?如有,请注明 | | | | | |]?如有,请注明。 |
| Name in print 正楷姓名 Signed 签署 | | | | | | | |
| Position in Company 即位 | | | | Date 日期 | | | |



* 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。 *