|  |  |
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| NESUS CERTIFICATION SDN BHD | |
|  | **QUESTIONNAIRE FOR SELF ASSESSMENT** |

This questionnaire is sent to applicants to allow us to understand your business and to provide you with the best possible service.

1. **INFORMATION ABOUT ORGANIZATION SEEKING MSPO CERTIFICATION**

|  |  |
| --- | --- |
| Name of organization:  *(Note: Indicate exactly how the name of the organization is to appear on the certificate such as name of holding company / HQ)* |  |
|  |
|  |
|  |
| Company registration no. (ROC): |  |
| Postal Address: |  |
| Web-site address (if any) |  |
| Name of contact person |  |
| Designation |  |
| Email Address |  |
| Contact Number |  |
| Fax Number |  |

1. **TYPE OF MSPO CERTIFICATION:**

|  |  |
| --- | --- |
| **STANDARD(S)** | **Please tick (/)** |
| **MS 2530-3-1:2022** General principles for oil palm plantations (40.46 hectares to 500 hectares) |  |
| **MS 2530-3-2:2022** General principles for oil palm plantations (more than 500 hectares) |  |
| **MS 2530-4-1:2022** General principles for palm oil mill including supply chain requirements | / |
| **MS 2530-4-2:2022** General principles for palm oil processing facilities including supply chain requirements |  |
| **MS 2530-4-3:2022** General principles for dealers including supply chain requirements |  |

1. **PLEASE CHOOSE AND TICK (√)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a) |  | Individual Certification |  | |
| b) |  | Group Certification |  | Without palm oil mill |
|  | | |  | With palm oil mill |

1. **INDIVIDUAL CERTIFICATION**

Tick (√) for category of premises

|  |  |  |  |
| --- | --- | --- | --- |
|  | Oil Palm Smallholder |  | Palm Kernel Crusher |
|  | Organised smallholder |  | Palm Oil Refinery |
|  | Oil Palm Estate |  | Palm biomass and bio- fuel plants |
|  | Palm Oil Mill |  | Others (Please specify) |

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1. **A) DETAILS OF PREMISE TO BE CERTIFIED**

|  |  |
| --- | --- |
| Company registration no. (ROC): |  |
| MPOB Licence No: |  |
|  |
|  |
| Expiry date of MPOB licence |  |
|  |
|  |
| Location Address: |  |
| GPS Coordinate |  |
| Total Employees |  |
| No of shift (provide the period) e.g. 2 shifts (7am-7pm, 7pm-7am) |  |
| Total area (ha) |  |
| Total area (ha) to be certified |  |
| Total Planted Area |  |
| Total Unplanted Area |  |
| Facilities processing capacity (MT/hr) |  |
| Outsourced processes  (any activities that engaged with contractors) |  |
|  |
|  |
|  |
|  |

**B) PRODUCTION DETAILS**

|  |  |
| --- | --- |
| FFB production (MT/ yr) |  |
| CPO production (MT/ yr) |  |
| CPKO production (MT/ yr) |  |
| PFAD production (MT/ yr) |  |
| PKFAD production (MT/ yr) |  |
| PO production (MT/ yr) |  |
| PKO production (MT/ yr) |  |
| RBDPO production (MT/ yr) |  |
| RBDPKO production (MT/ yr) |  |

1. **GROUP CERTIFICATION**
2. Detail of Group Manager (i.e. group shall appoint a competent Group Manager to act on behalf of the group):

|  |  |
| --- | --- |
| Name |  |
| Correspondence Address: |  |

|  |  |
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| --- | --- |
|  |  |
|  |
| Contact no. (Office and Mobile) |  |

1. List and profile of group members

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Member** | **GPS**  **Coordinate/Site location address** | **Facilities processing capacity (MT/hr)** | **Total area (ha)** | **Production (MT/yr.)** | **Year of planting (for MS 2530-2**  **& 3:2013)** | **MPOB**  **License No.** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |

**Note: please provide separate attachment if necessary and ensure that the MPOB License is valid (legal obligation)**

1. **OTHER INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) | Have you engaged the services of a consultant to develop your MSPO system? | |  | Yes |  | No |
| If ‘Yes’, give the name of the consultant: | | | | | |
| b) | Tentative date for Stage 1 Audit (OPMC) |  | | | | |
| c) | Tentative date for Stage 2 Audit (OPMC) |  | | | | |
| d) | Tentative date for Surveillance Audit (OPMC) |  | | | | |

Do you currently hold any sustainable management system (e.g. RSPO, ISCC)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |
| --- | --- |
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Do you currently hold any management system (e.g. ISO 9001 QMS, ISO 14001 EMS, OHSAS 18001/ISO 45001)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**8 AUDIT SITE TRANSPORTATION DETAILS**

|  |  |
| --- | --- |
| Location of most convenient airport |  |
| Distance from airport to head office (km) |  |
| Time required for travel from airport to head office |  |
| Distance from head office to farthest plantation area/processing plant (km) |  |
| Time required for travel from head office to the farthest plantation area/processing plant |  |

1. **MSPO STAKEHOLDER LIST**

These stakeholder groups may include national and local level government departments and agencies, and non-government organizations (NGOs) involved, or having interest, in oil palm management, as well as representatives of indigenous and/or local communities directly affected by the management and operations in the management unit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Stakeholder Category** | **No** | **Name** | **Position** | **Location** | **Contact No** | **Email (if available)** |
| **Relevant** | 1 |  |  |  |  |  |
| **government departments** |
| 2 |  |  |  |  |  |
| **and agencies** |  |
| **NGO** | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| **Local** | 1 |  |  |  |  |  |
| **communities (Ketua** |
| 2 |  |  |  |  |  |
| **Kampung/** |  |
| **Penghulu etc)** |  |
| **Labour** | 1 |  |  |  |  |  |
| **organisation/ Workers** |
| 2 |  |  |  |  |  |
| **union** |  |
| **Contractors** | 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

Please attach a separate sheet for landowners, smallholders or local community.

|  |  |
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1. **COMPANY BACKGROUND INFORMATION**

a) Please provide information on the company e.g.:

1. Company background (both the Corporation/ Holding company as well as the unit to be audited), when and how it was established, etc. Date of establishment

|  |
| --- |
|  |
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|  |
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|  |

1. Locality Maps (Mill and or Estates) – **To be provided in softcopy**
2. Location Map (location of mill and /or estates with reference to State/ District the certificate holder is located) - **To be provided in softcopy**
3. Individual Map of estates sampled with the proper legend, compass direction, roads, waterways, blocks / fields etc - **To be provided in softcopy**

**Table A) FFB Production (for Estates)**

|  |  |  |
| --- | --- | --- |
| **Estate** | **FFB Production (MT) Period: mmyy - mmyy** | |
| **Previous Actual FY (yyyy/yyyy)** | **Budget /Estimate / Projection**  **(FY yyyy/yyyy)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |
| **Total FFB Sent To Palm Oil Mill/Collecting**  **Centre** |  |  |

|  |  |
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**TABLE B: Actual and Budget/ Estimate / Projected Mill Processing Data (for Mill)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Mill** | **Previous Actual FY**  **(mmyyyy/mmyyy y)** | **Previous Actual FY**  **(mmyyyy/mmyyy y)** | | **Budget / Estimate**  **/Projection (FY**  **mmyyyy/mmyyy y)** | **Budget/ Estimate/Projection (FY mmyyyy/mmyyyy)** | |
| **FFB Processed ( MT )** | **CPO (MT)** | **PK (MT)** | **FFB Processed ( MT )** | **CPO (MT)** | **PK (MT)** |
| Palm Oil Mill |  |  |  |  |  |  |
| **OER%** | **KER%** | **OER%** | **KER%** |

**TABLE C: Supply Base Area Statement (for Estate/ Farm)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Area Statement (Ha)** | | | | | | |
| **Supplying Estate** | **Titled Area (Ha)**  **(Certified Area)** | **Planted (Ha)** | | **\*Conservation (Ha)** | **HCV/ High biodiversity value (ha)** | **\*\*Others (Ha)** |
| **Immature Area (Ha)**  **(Age Group)** | **Mature Area (Ha)**  **(Age Group** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

\* Please describe if information available

\* e.g Conservation area: riparian reserve, waterways, forest buffer zone etc

\*\* Others : non-crop area : road, linesite, office, workshop

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**APPENDIX 1 QUESTIONNAIRE FOR SELF ASSESSMENT (FOR MS 2530:2022 APPLICANT/TRANSFER ONLY)**

Please tick (/) at the appropriate column

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Questionnaire** | **No** | **Yes** |  | **Remarks** | **To be filled by NSC** |
| **A. Management Responsibility** | | | | | | |
| 1**.** | Does your company have a designated  management unit/person responsible for the sustainability issues? |  |  |  |  |  |
| 2. | Does publicly available information/document available in your company? |  |  |  |  |  |
| 3. | Does your company maintain a list of legal  requirements such as licenses, permit and certificate of fitness? |  |  |  |  |  |
| 4. | Does your company conduct internal audit and management review? Including the implementation of continuous improvement  plan. |  |  |  |  |  |
| 5. | Does your institution adopt or have the following?  Plantation   * MPOB Code of Practice * Chemical & Health Risk Assessment (CHRA) * Hazard Identification, Risk Assessment and Risk Control (HIRARC)   Processing facility   * MPOB Code of Practice please specify: * Chemical & Health Risk Assessment (CHRA) * Hazard Identification, Risk Assessment and Risk Control (HIRARC) * For refinery: Hazard analysis and critical control points * Optional: Food Safety Management System (FSMS) | **No** | **Partially Available** | **Yes** | **Remarks** | **To be**  **filled by NSC** |
|  |  |  |  |  |
| **B. Social Aspect** | | | | | | |
| 1. | Does your company have a policy and SOP covering the followings:   * Occupational Safety & Health * Social Practices as listed below   + No forced labour   + Respect for human rights   + No child labour   + Working condition   + Wages & benefits   + Non-discrimination   + Freedom of association and collective bargaining   + Sales and purchase (contract)   + Corporate social responsibility |  |  |  |  |  |
| 2. | Does your company have a management system or grievances mechanism in place to manage | **No** | **Yes** |  | **Remarks** | **To be filled by** |

|  |  |
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| --- | --- | --- | --- | --- | --- | --- |
|  | issue described in question 1? |  |  |  |  | **NSC** |
|  |  |  |  |  |
| 3. | Does your company organize training sessions for employees to enhance the understanding on sustainability (environmental, safety, social  aspects including impacts of operations, and ways to manage/improve them)? |  |  |  |  |  |
| 4. | Has occupational safety & health audit been carried out at site within the last 24 months? | **No** | **Yes, internal**  **audit** | **Yes, external**  **audit** | **Remarks** | **To be filled by**  **NSC** |
|  |  |  |  |  |
| 5. | Has a stakeholder consultation/social audit been carried out at your company within the last 24  months? |  |  |  |  |  |
| 6. | Does your company have an occupational safety & health management system in place? | **No** | **Yes** |  | **Remarks** | **To be filled by**  **NSC** |
|  |  |  |  |  |
| **C. Economic Aspect** | | | | | | |
| 1. | Does your company have a policy and SOP in place regarding business conduct and compliance? | **No** | **Yes** |  | **Remarks** | **To be**  **filled by NSC** |
|  |  |  |  |  |
| 2. | Does your company have long term financial  management plan for continuous improvement with monitoring in place? |  |  |  |  |  |
| **D. Environment Aspect** | | | | | | |
| 1. | Does your company have a formal environmental policy, which includes a commitment to legal compliance & monitoring and continual improvement? | **No** | **Yes** |  | **Remarks** | **To be**  **filled by NSC** |
|  |  |  |  |  |
| 2. | Does your company have an environmental management system in place? |  |  |  |  |  |
| 3. | Does your facility have work procedure or management system to manage   * The use of restricted substances and chemicals * Waste management plan * Water management plan | **No** | **Partially Available** | **Yes** | **Remarks** | **To be filled by**  **NSC** |
|  |  |  |  |  |
| 4. | Are the operations included in your scope of certification located adjacent to the protected/high biodiversity value areas (e.g national park, riparian/buffer reserve and water catchment area) as per state and national  regulations? | **No** | **Yes** |  | **Remarks** | **To be filled by**  **NSC** |
|  |  |  |  |  |
| 5. | Are they any endangered, rare and threatened species observed at the operation site or around it?  If **NO**, please skip this question. |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | If **YES** to the above, is there any effort to protect it?   * Wildlife management plan |  |  |  |  |  |
| 6. | Has an environmental audit been carried out at site within the last 24 months? | **No** | **Yes,**  **internal audit** | **Yes,**  **external audit** | **Remarks** | **To be**  **filled by NSC** |
|  |  |  |  |  |
| **E. Additional questions for production sites (MSPO Part 2 and MSPO Part 3 ONLY)** | | | | | | |
| 1. | Are agricultural operations in your scope of certification contain   * Soil with high potential for erosion If **NO**, please skip this question.   If **YES**, are there mitigation measures implemented and monitored? | **No** | **Yes** |  | **Remarks** | **To be filled by**  **NSC** |
|  |  |  |  |  |
| 2. | Does your company use any class 1A/1B agrochemicals? |  |  |  |  |  |
| 3. | Agronomist report and records of fertiliser application |  |  |  |  |  |
| **Total Score (to be filled by NSC):** | |  | | | | |

**DECLARATION**

We hereby declare that the details furnished above are true and correct to the best of our knowledge and we undertake to inform Nesus Certification (NSC) of any changes therein, immediately. In case any of the above information is found to be false of untrue or misleading or misrepresenting, we are aware that we may be held liable for it.

|  |  |
| --- | --- |
| **Company Stamp:**  **Signed:**  **Name: Position: Date: Contact No: Email:** | **For NESUS CERTIFICATION use only:**  **Reviewed/Acknowledged by Admin Manager:**  **Date:** |