

FAX TO \_\_\_\_\_ 公司(Fax \_\_\_\_\_ )

ATTN : \_\_\_\_\_

DATE : \_\_\_\_\_

FROM : 保勝光學股份有限公司 採購部 (Fax 04-25332501, TEL 04 25320168)

## 供應商問卷調查

感謝您長期對本公司的支持與協助，因本公司推行 ISO14000 需要，  
請協助完成本問卷，並於完成後傳真回本公司。謝謝您！

1. 是否使用下列燃料：

- |                             |                                   |
|-----------------------------|-----------------------------------|
| <input type="checkbox"/> 無  | <input type="checkbox"/> 液化石油氣    |
| <input type="checkbox"/> 重油 | <input type="checkbox"/> 天然氣      |
| <input type="checkbox"/> 柴油 | <input type="checkbox"/> 其它 _____ |

2. 製程中是否使用下列物質？(如有，請簡單說明物質名稱，謝謝)

- ☐ 無
- ☐ 有機溶劑: \_\_\_\_\_
- ☐ 毒化物: \_\_\_\_\_
- ☐ 有害化學物質: \_\_\_\_\_
- ☐ 其它 \_\_\_\_\_

3. 製程中是否有下列污染物產生？

- |                             |                                   |
|-----------------------------|-----------------------------------|
| <input type="checkbox"/> 無  | <input type="checkbox"/> 廢棄物      |
| <input type="checkbox"/> 廢水 | <input type="checkbox"/> 噪音       |
| <input type="checkbox"/> 廢氣 | <input type="checkbox"/> 毒化物      |
| <input type="checkbox"/> 廢液 | <input type="checkbox"/> 其它 _____ |

- 4.1 有無廢水處理設備？..... ☐有 ☐無
- 4.2 是否申請排放許可證？..... ☐是 ☐否
- 4.3 是否設置合格操作人員？..... ☐是( 甲級 乙級 ) ☐否

- 5.1 有無廢氣排放口？..... ☐有 ☐無
- 5.2 是否有污染防制設備？..... ☐是 ☐否
- 5.3 是否需申請操作許可？..... ☐是 ☐否
- 5.4 是否設置合格操作人員？..... ☐是( 甲級 乙級 ) ☐否

- 6.1 廢棄物種類：... ☐一般廢棄物 ☐有害事業廢棄物
- 6.2 是否有清除處理管制措施？..... ☐是 ☐否
- 6.3 請列出委託清運處理廠商名稱？.... \_\_\_\_\_

7. 噪音管制是否符合法規？..... ☐是 ☐否
8. 工廠是否有合格之職業安全衛生管理人員？..... ☐是 ☐否
9. 工廠機械設備是否安裝防護裝置？..... ☐是 ☐否
10. 工作現場是否備有適當之個人防護具？... ☐是 ☐否
11. 工廠之消防設施設備是否完備？..... ☐是 ☐否

填表人：\_\_\_\_\_

日期：\_\_\_\_\_

FAX TO : \_\_\_\_\_ Company ( FAX : \_\_\_\_\_ )

ATTN : \_\_\_\_\_

FROM : BASO PRECISION OPTICS LTD. ( Fax 04-25332501, TEL 04-25320168)

### SUPPLIER EMS INVESTIGATION

Thank you for your support and help to us over a long period of time.  
Because our company under implementation of Environment Management  
system. Need your help to finish this question list and fax it back ASAP.  
Thank you very much for your help on this.

1. Do you use the fuel as follows ?

NO	liquefied petroleum gas ( LGP )
heavy oil	natural gas
diesel oil	others

2. Do you have the substance in your process as follows ?

( Please describe it's name , thanks )

NO	
organic solvent :	_____
toxic substance :	_____
hazardous chemicals substance :	_____

3. Do you have the pollutions in your process as follows ?

NO	waste
waste water	noise
air emission	toxic substance
waste liquid	others

4.1 Do you have the treatment equipment for the

waste water ?	YES	NO
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4.2 Do you get drainage permit on you site ?	YES	NO
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4.3 Do you assign the certified personnel to operate this equipment?	YES	NO
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5.1 Do you have the discharge point for air emission ?	YES	NO
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5.2 Do you have the preventive equipment from air emission ?	YES	NO
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5.3 Do you need to apply the operation permit ?	YES	NO
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5.4 Do you assign the certified personnel to operate this equipment?	YES	NO
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6.1 Which kind of waste on your site ?	General waste	Hazardous waste
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6.2 Do you have the policy for transportation and treatment control for the waste ?	YES	NO
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6.3 Would you list the name of treatment subcontractor ?	_____	
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7. Is your noise control result meet legal requirement?	YES	NO
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8. Does the factory have a qualified occupational safety and health management personnel ?	YES	NO
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9. Does the factory machinery and equipment to install guarding ?	YES	NO
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10. Does the factory have enough personal protective equipment ?	YES	NO
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11. Does the factory have a qualified extinguishment equipment ?	YES	NO
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BY : \_\_\_\_\_

DATE : \_\_\_\_\_