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| **Organization** |
| **Name** |  |
| **Type of Business** |  |
| **Total number of staff:**  |  |
| **within scope of certification :** |  |
| **URL** |  |
| **Scope:** The scope and boundaries of the ISMS in terms of the characteristics of the business, the organization, its location, assets and technology, and including details of and justification for any exclusions from the scope. |
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| **Information Security Risks**  |
| List the Legal and Regulatory Requirements **and circle** H / M / L  |
| List the Business Continuity Requirements **and circle** H / M / L  |
| List the Information Availability Requirements **and circle** H / M / L  |

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| **Overall Classification of degree of Risk –e.g. commercial in confidence, contractual, defence, safety, national security** |
| **List the Type of Systems and numbers of users** and indicate whether they are remote or office based |
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| **Are there any records or documents which cannot be reviewed by the BSI** assessor **even after signing the nondisclosure agreement?** | **（Yes / No）** |
| **If yes give details:** |  |
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| **Outsourcing –** please give details of any outsourced activities and functions |
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| **Interfaces and Information Transfer/Exchange**please give details of any interfaces external to the scope |
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| **Extent and diversity of technology encompassed in the scope –** e.g. numbers of servers and desktops, types of networks, application development, access controls, use of encryption etc |
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| **Description of the risk analysis method used** – e.g. Baseline approach, Informal approach, Detail risk analysis, Combined approach etc |
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| **Results/status of any risk analysis carried out –** e.g. areas of significant risk, Statement of Applicability etc |
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| **Other certified management systems and status–** (please attach copies of certificates not issued by BSI) |
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| **Maturity of ISMS–** give an indication of the maturity of the Information Security Management System based on availability of documentation, security incident management, internal audit, management review etc:- |
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| Has a consultancy organization been used to assist you in the development or implementation of the Information Security Management System? | **（Yes / No）** |
| **If yes give details:** |  |
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| **Additional Information** |
| **Contact**  |
| **Name:** |  | **Title:** |  |
| **Business Address:** |  |
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| **Phone:** |  | **FAX:** |  |
| **E-mail:** |  |

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| **Sites and Locations– Starting with Head Office give details of all sites/locates within the certification scope.** |
| **Site name/ Address** | **No. Staff** | **Business Activities and Processes** | **RiskH/M/L** | **Systems/Applications** |
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| **Site name/Address** | **No. Staff** | **Business Activities and Processes** | **RiskH/M/L** | **Systems/Applications** |
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| **Site name/Address** | **No. Staff** | **Business Activities and Processes** | **RiskH/M/L** | **Systems/Applications** |
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| **Site name/Address** | **No. Staff Site/remote** | **Business Activities and Processes** | **RiskH/M/L** | **Systems/Applications** |
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| **Comments or additional information:-** e.g. languages, logistics, differing legal requirement, temporary sites etc |

**Continue on another sheet if required**