**Questionnaire 2: Pandemic response (2023 edition)**

**UPU pandemic response certification system**

Application from the designated operator of:

The reply to this questionnaire was prepared by:

|  |  |  |
| --- | --- | --- |
| Full name | | Mr  Ms |
| Position/title | | |
| Address | | |
| Tel. | Fax | |
| E-mail | | |

In completing this questionnaire, the above-mentioned designated operator confirms that the information pro­vided hereafter reflects its ongoing pandemic-related activities.

|  |  |
| --- | --- |
| Date | Signature |

**Note. –** Questionnaire 2 aims to assess whether the organizational system put in place by the designated operator meets the following minimum requirements for pandemic preparedness:

* formalized relations with key stakeholders;
* appropriate management and steering bodies;
* appropriate customer relationship management;
* availability of up-to-date employee and stakeholder information;
* internal and external communication plans.