**Questionnaire 1: Disaster risk management (2023 edition)**

**UPU disaster risk management 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 disaster risk management activities.

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

**Note. –** Questionnaire 1 aims to assess whether the organizational system put in place by the designated operator meets the following minimum requirements for disaster preparedness:

* relationships with key partners;
* appropriate internal and external communication plans;
* appropriate management and steering bodies;
* availability of critical supplies for responding to a disaster;
* appropriate customer relationship management;
* formalized working procedures for vulnerability and risk assessments.