

Important: For preparation of a written quotation, we need information about your organization. All information supplied by you will be treated in strict confidence. Please complete this questionnaire. Use extra sheets wherever required.

Fields marked with "*" are mandatory for filling.

COMPANY DETAILS

*Company Name:

* Registered Address:

*Site Address:(Temporary)

Phone:

Fax:

*E-mail:

Website:

*Chief Executive/MD: Mobile:

*Contact Person Name:

Position:

Mobile:

Company Status (Please Tick): Public Limited Private Limited Partnership Proprietary
 Limited Liability Partnership Other Please Specify

Please list the number of employees in each area/site (please use additional sheets if required)	Full Time	Part Time	Contract Employees	Shifts	Full Time (Site 2)	Part Time (Site 2)	Contract Employees (Site 2)	Shifts (Site 2)	Personnel working away from the premises
Manufacturing/Service area									
Quality Control/Technical									
Administration									
Storage/Warehouse									
Other									
Management									
Total Employees (Full time equivalent)									

Total no of employees doing repetitive jobs _____

Employees directly involved in scope of management system ... QMS:, EMS:, OHSAS:, EnMS----

Note: If more than one site, please give address/details on back of this page.

No of Temporary Sites (In operation at present) _____

CERTIFICATION/S REQUESTED

Certification Required (Please Tick): ISO 9001:2015 ISO 14001:2015 OHSMS45001 ISO 22000 ISO27001 ISO 50001 ISO20000-1 HACCP GMP Other _____

Type of Audit Certification Re- Certification Transfer Certification from other CAB

Combination Audit Yes No Combination+

Quality Management System ISO 9001:2015

Number of Sites to be Audited? Single Multiple

Is there any process that affects the product conformity and is outsourced? Yes No

Other Exclusions, If any _____

Legal Obligations if any _____

Whether company is responsible for demonstration of product/service performance: Yes No

Is the Clause "Design & Development" included in the Scope of Organization? Yes No

Environmental Management System ISO 14001:2015

Number of Sites to be Audited? Single Multiple

Whether Initial Environmental Review (IER) available? Yes No

Whether Register of Significant Aspects / Impacts available? Yes No

Whether Legal Register available? Yes No

Whether Environmental Management Program (EMP) available? Yes No

Has EMP been implemented? Yes No

Occupational Health & Safety Analysis System OHSMS45001:2018

Number of Sites to be Audited? Single Multiple

Have you identified Hazards? Yes No

Detail all identified Critical occupational health and safety risks

Whether Incident/ Accident Register available? Yes No

Imp: Please furnish Table-1 (as per JAS –ANZ Procedure 2) and attach with Quotation request Form

Attached as above Yes No

Energy Management System ISO 50001:2011

Number of Sites to be Audited?

 Single Multiple

Does the organization have ENERGY POLICY?

 Yes No

Does the Organization have Energy Planning Process? If

 Yes No

(If yes enclose the process concept diagram)

Has organization identified Legal Requirements and Other Requirements

 Yes No

Has Organization conducted its Energy Review?

 Yes No

(If yes enclose the Energy Review)

Annual energy consumption =

Number of energy sources =

Number of significant energy users =

What is the organization's Energy Performance Indicators (EnPI's)?

1

2

Has organization identified opportunities for improving its Energy Performance? Yes No**In Case of Integrated Management Systems, Kindly define level of Integration**

If Yes then Level of Integration in %

1. An integrated documentation set, including WIs to a good level of development, as appropriate; Yes No2. Management Reviews that consider the overall business strategy and plan Yes No3. An integrated approach to internal audits Yes No4. An integrated approach to policy and objectives Yes No5. An integrated approach to systems processes Yes No6. An integrated approach to improvement mechanisms, (Corrective and preventive action, measurement and continual improvement); and, Yes No7. Integrated management support and responsibilities. Yes No**Other Certification Program Requested ()**Number of Sites to be Audited? Single MultipleAny Prior Audits Conducted Yes No

If Yes , attach audit findings

Accreditation: ACCREDITED NON ACCREDITED**Scope for Certification:****BUSINESS DETAILS****Identify products / services of your company****Activities being performed outside the main site:**

(i.e. activities at temporary sites e.g. construction, collection of samples, service delivery etc.)

Outsourcing if any :

Name of the Consulting Organization:

Identify key processes in manufacturing or provision of services : (e.g. Design, Operations, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc)**Any statutory & regulatory requirements related to Products/services:**

Service Tax No _____ Excise No: _____ TIN No _____ IEC Code : _____

PAN No. _____ CIN No. _____

Main Customers:**Main Suppliers:.****Declaration:** The information provided above is true to the best of our knowledge and behalf.

Quotation Requested by

Name:

Designation:

Sign:

Date:

FOR THE USE OF ISPL ONLY

Reviewed By : _____ Date: _____

Can this Application be further processed Yes No

Please send it on below address or Email:

INTACT SYSTEMCERT PVT. LTD.**BMS Business Centre, 2, Gujrat Vihar, Vikas Marg, NEW DELHI-110096, INDIA****Ph: +91 74283 45556, Email: info@intactsystemcert.com, Web: www.intactsystemcert.com**