



QB Cert

Application/Quotation Request

No.	FM - 07
Rev No.	0
Issue No	1
Date	01-08-2023
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Please complete this questionnaire and forward it to QB Cert .who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

Company Name			
Address			
City		Code	
Tel Number		Country	
Fax Number		Contact Name	
Web Site		Position	
		E-mail	
Standard(s) to be assessed		9001 exclusions	
Accreditation Required		Other Information	

Scope: Please describe what activities your organisation carries out.

Please list any additional sites to be included in the scope of registration

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

Approx. number of sub-contractors used on average if applicable.

Describe the type of work subcontracted if applicable.

Quality Management System ISO 9001:2015

Number of Sites to be Audited? Single Multiple

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

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

* Attach Statement of Non Applicability as per **Annexure A** of ISO 9001:2015 Yes No

Legal Obligations if any _____

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



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Whether Environmental Management Program (EMP) available? Yes No

Has EMP been implemented? Yes No

Attach List of Compliance Obligations Yes No

Occupational Health & Safety System OHSAS 18001:2007

Occupational Health & Safety System ISO 45001:2018

Number of Sites to be Audited? Single Multiple

Have you identified Hazards? Yes No

If yes

List of Hazardous materials any relevant legal obligations.

Personal working onsite and off-site.

Detail all identified Critical occupational health and safety risks and processes.

Whether Incident/ Accident Register available? Yes No

Imp: Please furnish Table-1 and attach with Quotation request Form

Attached as above

Yes No

Food Safety Management System ISO 22000:2005

Food Safety Management System ISO 22000:2018

Food Safety System Certification FSSC 22000

Number of Sites to be Audited?

Single Multiple

Have you implemented HACCP Principles?

Yes No

Any seasonality issues?

Yes No

Total No of HACCP Studies (As per ISO/TS 22003:2013) _____

How many process lines are there in production _____

Any Prior Audits Conducted

Yes No

If Yes , attach audit findings

Other Factors(Kindly Confirm No's):-

Product Types=_____ ; Product Lines=_____ ; Product Development=_____ ; CCP=_____ ; OPRP=_____ ;

Building Area=_____ ; Infrastructure=_____ ; In House Lab Testing=_____ ; Translator Requirements=_____ ;

Medical Device Quality Management System ISO 13485:2016

Number of Sites to be Audited?

Single Multiple

Outsourced process:

Critical activity:

When you will be ready for audit?

Date of the system(s) implementation

Consultants who helped to develop your system



010 99 33 7474
010 65 55 5529
048 265 93 97

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District 12, Sadat City, Menoufia - Egypt

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Name of the CB, if already certified

Signature

Date

Please return this form to :



010 99 33 7474
010 65 55 5529
048 265 93 97

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