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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 | | |  | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | | |
| City |  | | Code |  | | | Country | | | |  | | | | |
| Tel Number | | |  | | | | Contact Name | | | |  | | | | |
| Fax Number | | |  | | | | Position | | | |  | | | | |
| Web Site | | |  | | | | E-mail | | | |  | | | | |
| Standard(s) to be assessed | | | | |  | | | | 9001 exclusions | | | |  | | |
| Accreditation Required | | | | |  | | | | Other Information | | | |  | | |
| Scope: Please describe what activities your organisation carries out. | | | | | | | | | | | | | | | |
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| Please list any additional sites to be included in the scope of registration | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Please list the number of employees in each area/site  (please use additional sheets if required ) | | | | | Full Time | Part Time | | Shifts | | Full Time  (Site 2) | | | Part Time  (Site 2) | | Shifts  (Site 2) |
| Manufacturing/Service area | | | | |  |  | |  | |  | | |  | |  |
| Quality Control/Technical | | | | |  |  | |  | |  | | |  | |  |
| Administration | | | | |  |  | |  | |  | | |  | |  |
| Storage/Warehouse | | | | |  |  | |  | |  | | |  | |  |
| Other | | | | |  |  | |  | |  | | |  | |  |
| Management | | | | |  |  | |  | |  | | |  | |  |
| Total Employees (Full time equivalent) | | | | |  |  | |  | |  | | |  | |  |
| 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  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 22000:2018**  🞐 **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 22003:2022) \_\_\_\_\_\_\_\_  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 | | | | | |  | | | | | | | | | |
| Name of the CB, if already certified | | | | | |  | | | | | | | | | |
| Signature | |  | | | | | | | | | | Date | |  | |
| ***Please return this form to :*** | | | | | | | | | | | | | | | |