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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 |  | 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.  |
|  |
|  |
| 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 🞐 NoIs 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 🞐 NoLegal Obligations if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Environmental Management System ISO 14001:2015**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Whether Initial Environmental Review (IER) available? 🞐 Yes 🞐 NoWhether Register of Significant Aspects / Impacts available? 🞐 Yes 🞐 NoWhether Legal Register available? 🞐 Yes 🞐 NoWhether Environmental Management Program (EMP) available? 🞐 Yes 🞐 NoHas 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 🞐 NoIf 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 🞐 NoImp: 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 🞐 NoAny seasonality issues? 🞐 Yes 🞐 NoTotal No of HACCP Studies ( As per ISO/TS 22003:2022) \_\_\_\_\_\_\_\_How many process lines are there in production \_\_\_\_\_\_\_\_\_Any Prior Audits Conducted 🞐 Yes 🞐 NoIf 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 :*** |