

## **QA INTERNATIONAL SERVICES**

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\* Management Consultancy

\* Certification Services

\*Training Services

\*Legal Services

## **QUESTIONNAIRE FOR QUOTATION PREPARATION**

Name:			
Designation:			
Mob. No.:			
E-Mail ID:			
Name:			
Designation:			
Mob. No.:			
E-Mail ID:			
ISO 9001:2015 (Quality Management System)			
ISO 14001:2015 (Environment Management System)			
ISO 45001:2018 (Occupational Health & Safety Management System)			
ISO 22000:2018 (Food Safety Management System)			
So 27001:2013 (Information Security Management System)			
ISO 13485:2016 (Medical Devices Quality Management System)			
	Designation:  Mob. No.:  E-Mail ID:  Name:  Designation:  Mob. No.:  E-Mail ID:  ISO 9001:2015 (Quality of the property of the		

	ISO 20000-1:2018 (Information Technology Service Management System)			
	ISO 37001:2016 (Anti-Bribery Management System)			
	ISO 50001:2018 (Energy Management System)			
	ISO 16949:2016 (Inter	rnatio	nal Automotive Task Force - IATF)	
Audit Type:	Preliminary Audit (optional) Certification audit (Stage 1 and Stage 2) Surveillance Audit (SA) Expansion by adding new sites Expansion by adding new standard RECERTIFICATION AUDIT (RA)			
Certification Procedure:	Single-site certification  Multi-site certification with site sampling  Multi-site certification without site sampling  Combined procedure (parallel auditing of several standards)  Certificate Transfer			
	STANDARD:			
Existing Certification Details:	CERTIFICATION BODY:			
	CERTIFICATION VALID UNTIL:			
INFORMATION ABOUT THE MANAGEMENT SYSTEM OF THE ORGANIZATION (CONCERNS THE CRITERIA FOR MULTI-SITE CERTIFICATION):				
☐The organization has a de	efined central function, wh	ich is	responsible for the MS	
The central function has the organizational authority to structure, establish, and ensure surveillance of the management system; the central function is contractually entitled to require all sites to implement the actions it considers necessary				
☐ The management system	n is subject to central mana	agem	ent review	
All sites are subject to the organization's internal audit program				
	Name & Designation:			
	Contact (Tel. / Mail):			
Quotation Requested by:	Seal & Sign:			

SITE-SPECIFIC INFORMATION: (Note: In case of multi-Sites, please copy the same page & enter details separately)					
Name of Organization:					
Site Address:					
Total No. of Employees:					
Total: Executives: Permanent: Contractual: Temporary: Unskilled (Daily Wages)- Ap	oprox.:				
Employees not working at the site (e.g., drivers, service technicians, field staff)	No.:		Activity:		
of which employees working outside the scope	No.:		Activity:		
of which employees carrying out administrative/general activities	No.:		Activity:		
of which employees carrying out repetitive processes (e.g., sales, call center, etc.)	No.:		Activity:		
of which part-time employees:	No.:		Activity:		
of which temporary/unskilled employees	No.:		Activity:		
Shift Details:					
No. of Shifts:					
Shift Timing		No. of employees / Shift			

Outsourced Processes (if any):				
STANDARD SPECIFIC INFORMATION:				
ISO 9001:2015 (Quality Management System):				
Product / Services Specific Legal requirements*:	1.) 2.) 3.)			
ISO 14001:2015 (Environment Management System):				
Activities/installations involving significant environmental hazards (e.g., chem. surface treatment, chem. reactors, manufacturing of circuit boards, large vehicle fleet, industrial-scale demolitions in contaminated areas, majo excavations, large-scale constructions, industrial cleaning waste incineration)	g,			
Relevant environment related legal requirements* for the organization.	Plant requires a special permit:  YES NO  1.)  2.)  3.)			
ISO 45001:2018 (Occupational Health & Safety Management System):				
Occupational health and safety hazards/risks (E.g based on hazardous substances, work equipment, machinery, - environmental factors, - hazardous materials,	1.) 2.) 3.)			
<ul> <li>additional aspects on top of those typical for the industry)</li> <li>Relevant OH&amp;S related Legal requirements* for the organization.</li> </ul>	1.) 2.) 3.)			
*In case of space constraint, the relevant details may be attached in separate list  We hereby confirm that the information provided above is true and correct.				
Place:	Name of customer:			
Date:	(Seal & Sign)			