

**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:						
Phone:			Fax:			
*E-mail:			Website:			
*Chief Executive/MD:			Mobile:		E Mail:	
*Contact Person Name:			Position/Mob:		E Mail:	
Company Status (Please Tick): <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Please Specify						
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						
<b>Total Employees</b> <small>(Full time equivalent)</small>						
Total no of employees doing repetitive jobs _____						
Employees directly involved in scope of management system ..... QMS: ....., EMS:....., 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): <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO27001 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> ISO20000-1 <input type="checkbox"/> HACCP <input type="checkbox"/> GMP <input type="checkbox"/> Other_____						
Type of Audit <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB						
Combination Audit <input type="checkbox"/> Yes <input type="checkbox"/> No Combination _____ + _____						
<b>Quality Management System ISO 9001:2015</b>						
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple						
Is there any process that affects the product conformity and is outsourced? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Other Exclusions, If any _____						
Legal Obligations if any _____						
Whether company is responsible for demonstration of product/service performance: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is the Clause " Design & Development" included in the Scope of Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Environmental Management System ISO 14001:2015</b>						
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple						
Whether Initial Environmental Review (IER) available? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Whether Register of Significant Aspects / Impacts available? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Whether Legal Register available? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Whether Environmental Management Program (EMP) available? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has EMP been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Occupational Health &amp; Safety Analysis System OHSAS 18001:2007</b>						
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple						
Have you identified Hazards? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Detail all <u>identified Critical</u> occupational health and safety risks						
Whether Incident/ Accident Register available? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<u>Imp:</u> Please furnish Table-1 ( as per JAS-ANZ Procedure 2) and attach with Quotation request Form						
Attached as above <input type="checkbox"/> Yes <input type="checkbox"/> 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:  JAS-ANZ NON ACCREDITATED**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. \_\_\_\_\_

**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.**

OFFICE NO-512, DDA BUILDING NO-1, DISTRICT CENTER, JANAKPURI, NEW DELHI-110058

Ph: +91- 11-466 81 431, 9871219076, Email: info@intactsystemcert.com, Web: www.intactsystemcert.com

Potential hazards and other factors	Range indicators for determining scores	Score Client	Score verified by the Auditor in Stage 1 Audit
Dangerous Goods	Score = 0, 5 or 10 5 There are some dangerous goods (but not Licensable quantities). 10 There are licensable quantities of dangerous goods.		
Vehicle/pedestrian interaction (including forklifts)	Score = 0, 5 or 10 5 there is vehicle traffic that has the potential to interact with employees or other persons but this interaction is very limited due to the low numbers of vehicles involved and limited potential pedestrian impact. 10 there are a number of forklifts or other vehicle movements around employee work areas, and/or pedestrians are able to enter vehicle work zones		
Powered plant (including building plant rooms)	Score = 0, 5 or 10 5 powered plant is used occasionally. 10 powered plant is used regularly or daily.		
Other plant (including scaffolding) or mechanical hazards	Score = 0, 5 or 10 5 other plant is used occasionally. 10 other plant is used regularly or daily		
Manual handling (includes Occupational Overuse Syndrome)	Score = 0, 5 or 15 5 There is manual handling but it is limited to a small number of tasks. 15 There are many manual handling tasks.		
Hazardous substances (includes asbestos)	Score = 0, 5 or 15 5 There is handling, storage, transport or use of hazardous substances. 15 There is handling, storage, transport or use of hazardous substances on a daily basis by a number of persons.		
Atmospheric contaminants other than hazardous substances (excludes confined spaces)	Score = 0, 2 or 5 2 There has been or could be the need to test atmospheric contaminants to confirm they are below hazardous levels. 5 There are known airborne contaminants in the atmosphere requiring breathing apparatus to be worn on a regular basis (may be in limited parts of the worksite).		
Use of ionising or non-ionising radiation	Score = 0, 5 or 10 5 There are low radiation sources. 10 There are high radiation sources.		
Confined Space (as per AS/NZS 2865)	Score = 0,10 or 20 10 There is confined space requiring entry. 20 There are a variety of confined spaces requiring entry and/or a number of teams operating in confined spaces.		
Slips, trips and falls	Score = 5 or 20 5 There are slip, trip or fall hazards. 20 There are a range of activities that expose people to slip, trip and fall hazards.		

Noise	Score = 0, 5 or 15 5 There are nuisance noise levels that do not exceed the maximum legislated noise level. 15 There are noise levels that exceed the maximum legislated noise level.		
Thermal environment	Score = 0 or 5 5 There is exposure to extreme thermal discomfort.		
Below ground work environment	Score = 0,10 or 30 10 There is occasional below ground work. 30 There is regular or daily below ground work.		
Storage and/or use of explosives	Score = 0, 5 or 10 5 There are explosives on site. 10 There are explosives being used.		
Electrical hazards	Score = 0, 2, 5 or 10 2 Use of electrical equipment. 5 Occasional need for personnel to work on electrical equipment. 10 Regular or daily need for personnel to work on electrical equipment.		
Pressurized environment	Score = 0 or 5 5 There is work in a pressurized environment.		
Threats of bullying, violence or occupational assault	Score = 0, 2,10 or 12 2 Exposure to internal bullying or violence. 10 Exposure to external bullying or violence. 12 Both conditions apply		

Sign (Client Representative):

Date:

**For Intact Use only**

Total score for determining OHS Complexity	Low OHS complexity Score = 0 to 80 Medium OHS complexity Score =81 to115 High OHS complexity Score ≥116		
Risk Category			
Effective Number of Personnel (Based on Annex A, clause 2.2)			

**Remarks:** .....

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