

**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: <b>(Temporary)</b>						
Phone:			Fax:			
*E-mail:			Website:			
*Chief Executive/MD:			Mobile:			
*Contact Person Name:		Position:		Mobile:		
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: ....., OHSAS: ....., 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						
<b>Imp:</b> 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						

<b>Energy Management System ISO 50001:2011</b>	
Number of Sites to be Audited?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple
Does the organization have ENERGY POLICY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Organization have Energy Planning Process? If (If yes enclose the process concept diagram )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has organization identified Legal Requirements and Other Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Organization conducted its Energy Review? (If yes enclose the Energy Review )	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>In Case of Integrated Management Systems, Kindly define level of Integration</b>	<b>If Yes then Level of Integration in %</b>
1. An integrated documentation set, including WIs to a good level of development, as appropriate; <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Management Reviews that consider the overall business strategy and plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. An integrated approach to internal audits <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. An integrated approach to policy and objectives <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. An integrated approach to systems processes <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. An integrated approach to improvement mechanisms, (Corrective and preventive action, measurement and continual improvement); and, <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Integrated management support and responsibilities. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other Certification Program Requested ( )</b>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple	Any Prior Audits Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , attach audit findings
Accreditation: <input type="checkbox"/> ACCREDITED <input type="checkbox"/> NON ACCREDITED	
<b>Scope for Certification:</b>	
<b>BUSINESS DETAILS</b>	
<b>Identify products / services of your company</b>	
<b>Activities being performed outside the main site:</b> (i.e. activities at temporary sites e.g. construction, collection of samples, service delivery etc.)	
Outsourcing if any :	
Name of the Consulting Organization:	
<b>Identify key processes in manufacturing or provision of services : (e.g. Design, Operations, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc)</b>	
<b>Any statutory &amp; regulatory requirements related to Products/services:</b>	
Service Tax No _____ Excise No: _____ TIN No _____ IEC Code : _____	
PAN No. _____ CIN No. _____	
<b>Main Customers:</b>	<b>Main Suppliers:</b>

**Declaration:** The information provided above is true to the best of our knowledge and behalf.  
 Quotation Requested by \_\_\_\_\_ Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: 15.05.2017

<b>FOR THE USE OF ISPL ONLY</b>	
Reviewed By :	Date:
Can this Application be further processed <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please send it on below address or Email:  
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