**Important:***For preparation ofa writtenquotation, we need information aboutyour organization.Kindlysubmit your Management System Documentation i.e. MS Manual, Latest Internal Audit andMRM Report,All information supplied by you willbe treatedinstrictconfidential.Pleasecomplete thisquestionnaire. Use extra sheetswherever required.*

*Fields marked with“\* “are mandatoryfor filling.*

|  |
| --- |
| **COMPANYDETAILS** |
| \*Company Name: |
| \* Corporate Address:\*SiteAddress: (Temporary) |
| Phone: Fax: |
| \*E-mail: Website: |
| ~~\*ChiefExecutive/~~MD: Mobile: |
| \*Contact Person Name: Position: Mobile: |
| CompanyStatus(PleaseTick): PublicLimited PrivateLimited Partnership Proprietary LimitedLiabilityPartnership OtherPleaseSpecify |
| Please list the number of employees in each area / site (*please use additional sheets if required*) | Full Time | Part Time | Contract Employees |  | Full Time (Site 2) | Part Time (Site 2) | Contract Employees (Site2) | Shifts(Site 2) | Personnel working away from the premises |
|  |  |
| Manufacturing/Servicearea |  |  |  |  |  |  |  |  |  |
| QualityControl/Technical |  |  |  |  |  |  |  |  |  |
| Administration |  |  |  |  |  |  |  |  |  |
| Storage/Warehouse |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |
| Management |  |  |  |  |  |  |  |  |  |
| TotalEmployees(Full time equivalent) |  |  |  |  |  |  |  |  |  |
| Approx. number of sub- contractors used on average (if applicable). |  | Describe the type of work subcontracted (if applicable). |  |
| **AuditMode** | Physical/ Onsite Virtual/Remote |
|  Total no of employees doing repetitive jobs  No. of subcontractor's employee onsite (if any)  |  |  |
|  |
|  Employees directly involved in scope of management system: QMS: ….,EMS: ….,OH&SMS: ….,EnMS:…,ISMS….,FSMS….,**Note:** If more than one site, please give address/details on back of this page. |
| No of Temporary Sites (In operation at present) |  |
| **CERTIFICATION/SREQUESTED** |
| Certification Required (PleaseTick):ISO9001:2015 ISO14001:2015 ISO45001:2018 ISO22000:2018 ISO27001* ISO50001:2018 HACCP GMP Other

Type of Audit: Certification Re-Certification Transfer Certification from other CAB Combination Audit YesNo Combination…………………….+…………………………. |
| **Quality Management System ISO9001:2015**Number of Sites to be Audited? Single MultipleIs there any process that affects the product conformity and is outsourced? Yes No Other Exclusions (,If any)Legal Obligations if anyWhether company is responsible for demonstration of product/service performance: Yes NoIs the Clause”Design & Development” included in the Scope of Organization? Yes No |

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**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

# Occupational Health & Safety Management System ISO 45001:2018

Number of Sites to be Audited?SingleMultipleHaveyouidentifiedHazards? YesNo

Detail all identified Critical occupational health & safety risks Whether Incident/Accident Register available?YesNo

**IMP:** Please furnish form03QRFAnnexure-OH&SMS and attach with Quotation request Form

Attached as above YesNo

**Energy Management System ISO 50001:2018**

Number of Sites to be Audited?  Single  Multiple

Does the organization have ENERGY POLICY?  Yes  No

Does the Organization have Energy Planning Process?  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)?

Has organization identified opportunities for improving its Energy Performance?  Yes  No

# Information Security Management System ISO 27001:2022

Number of Sites to be Audited?  Single  Multiple

Has a Statement of Applicability been compiled?  Yes  No

No. of user: No. of sites:

No. of servers: No. of Workstations (PC+ Laptops):

Any Prior Audits Conducted  Yes  No

If Yes, attach audit findings: ------------------------------------------------

# Food Safety Management System ISO 22000:2018

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/TS22003:2013)

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= TranslatorRequirements=

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| In case of Integrated Management Systems, Kindly define level of Integration | **If Yes, Level of Integration in %** |
| 1- An integrated documentation set,including WIs to a good level of development, as appropriate; Yes No |  |
| 2. Management Reviews that consider the overall business strategy and plan  Yes  No |  |
| 3. An integrated approach to internal audits  Yes  No |  |
| 4. An integrated approach to policy and objectives  Yes  No |  |
| 5. An integrated approach to systems processes  Yes  No |  |
| 6. An integrated approach to improvement mechanisms, (Corrective and preventive action, measurement and continual improvement)  Yes  No |  |
| 7. Integrated management support and responsibilities.  Yes  No |  |

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| OtherCertification ProgramRequestedNumber of Sites to be Audited?  Single  MultipleAny Prior Audits Conducted  Yes  No ( IfYes,attach audit findings) |

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| **ACCREDITATION**: Accreditated Non Accreditated |
| Scopefor of 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 (N/A)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:GSTIN: TIN No IEC Code: PAN No.: CIN 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:

|  |
| --- |
| **FORTHEUSEOFSQAPLONLY**Reviewed by: Date:Can the ApplicationBeFurther Progressed ■YES NO |

Please send it on below address or Email:

**SQNET ASSESSMENTS PVT.LTD.**

# BMS Business Centre, 2, Gujrat Vihar,Vikas Marg, NEW DELHI-110096, INDIA

**Phone: +919870285149, Email:** **info@sqnetassessments.com,** **Web:** [**www.**](http://www/)**sqnetassessments.com**

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