

Important: For preparation of a written quotation, we need information about your organization. Kindly submit your Management System Documentation i.e. MS Manual, Latest Internal Audit and MRM Report, 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.

<u>COMPANY DETAILS</u>									
*Company Name:									
* Corporate Address:									
*Site Address: (Temporary)									
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 (please use additional sheets if required)	Full Time	Part Time	Contract Employees		Full Time (Site 2)	Part Time (Site 2)	Contract Employees (Site 2)	Shifts (Site 2)	Personnel working away from the premises
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).			
Audit Mode			<input type="checkbox"/> Physical/ Onsite			<input type="checkbox"/> 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) _____									
<u>CERTIFICATION/SREQUESTED</u>									
Certification Required (Please Tick): <input type="checkbox"/> ISO9001:2015 <input type="checkbox"/> ISO14001:2015 <input type="checkbox"/> ISO45001:2018 <input type="checkbox"/> ISO22000:2018 <input type="checkbox"/> ISO27001 <input type="checkbox"/> ISO50001:2018 <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.....+.....									
Quality Management System ISO9001:2015									
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 <input type="checkbox"/> 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									

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 Multiple Have you identified Hazards? Yes No
 Detail all identified Critical occupational health & safety risks Whether Incident/Accident Register available? Yes No
IMP: Please furnish form 03QRF Annexure-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= _____ Translator Requirements= _____

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; <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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Integrated management support and responsibilities. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Certification Program Requested	
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
Scope for 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 Application Be Further Progressed <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.sqnetassessments.com