



EQUALITAS SYSTEMCERT PVT. LTD.

QUOTATION REQUEST FORM

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: Email id: | Mobile: |
| *Contact Person Name: Mobile: | Position E-mail id: |
| 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 | |
| Total No. of Shifts: ___ Total No. of employees: Full Time ___ Part Time ___ Subcontracted ___ | |
| Total no of employees doing repetitive jobs _____ | |
| Employees directly involved in scope of management system _____ | |
| Note: If more than one site, please give address/details on back of this page. | |
| CERTIFICATION/S REQUESTED | |
| Certification Required (Please Tick): <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <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"/> OHSAS 18001 <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 _____ + _____ | |
| <u>Quality Management System ISO 9001:2015</u> | |
| 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 | |
| <u>Environmental Management System ISO 14001:2015</u> | |
| 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 | |

