



EQUALITAS CERTIFICATIONS LIMITED

QUOTATION REQUEST FORM

Please complete this questionnaire and forward it to Equailtas Certifications Ltd. who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.								
Company Name								
Address								
City		Code		Country				
Tel Number				Contact Name				
Fax Number				Position				
Web Site				E-mail				
Standard(s) to be assessed						9001 exclusions		
Accreditation Required						Other Information		
Scope: Please describe what activities your organisation carries out.								
Please list any additional sites to be included in the scope of registration								
Please list the number of employees in each area/site (please use additional sheets if required)								
	Full Time	Similar Work (Repetitive worker)	Part Time	Shifts	Full Time (Site 2)	Part Time (Site 2)	Shifts (Site 2)	
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.					
Quality Management System ISO 9001:2015								
Number of Sites to be Audited?					<input type="checkbox"/> Single <input type="checkbox"/> Multiple			
Is the Clause" Design & Development" included in the Scope of Organization?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any process that affects the product conformity and is outsourced?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Legal Obligations if any _____								
Environmental Management System ISO 14001:2015								
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					Attach List of Compliance Obligations <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupational Health & Safety System ISO 45001:2018								
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: Please furnish Table-1 and attach with Quotation request Form</u>					Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			



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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/TS 22003:2013) _____
 How many process lines are there in production _____
 Any Prior Audits Conducted Yes No, If Yes , attach audit findings

Information Security Management System ISO 27001:2013 / Information Technology Service Management System ISO 20000-1:2011

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

Energy Management System ISO 50001:2011

Number of Sites to be Audited? Single Multiple
 Annual Energy Consumption:.....Number of energy Sources:.....,
 Number of significant energy uses (SEUs):

Medical Device Quality Management System ISO 13485:2016

Number of Sites to be Audited? Single Multiple
 Outsourced process: Critical activity:

When you will be ready for audit?	:	
Date of the system(s) implementation	:	
Consultants who helped to develop your system	:	
Name of the CB, if already certified	:	
Scheme:.....Certificate Issue date:..... Exp Date:..... Last Audit Conducted on.....		

Signature		Date	
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FOR THE USE OF EQUALITAS CERTIFICATIONS LIMITED ONLY

Reviewed By : _____ Date: _____

Can this Application be further processed Yes No

Please return this form to:
EQUALITAS CERTIFICATIONS LTD.,
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