

Request for Quotation / Application for Management System Certification

Company Name: _____

Address (location requiring certification): _____

Contact Person: _____

Phone: _____ e-mail: _____

Website: _____

Do you carry out Design and Development Work? (tick for yes)

List any critical areas where sub-contractors are used (if any)

List any Industry specific Regulations which you follow (e.g. CE Marking, Product Standard, Requirements of Industry Organization or Regulatory Body)

Are you audited by your suppliers or customers? (If yes, please give details)

Have you received any industry awards or other certifications? (If yes, please give details)

Certification(s) Required

ISO 9001:2008 / ISO 9001:2015

(Quality Mgt System)

ISO 14001:2004 / ISO 14001:2015

(Environmental Mgt System)

OHSAS 18001:2007

(Occupational Health & Safety Mgt System)

ISO 22000:2005

(Food Safety Mgt. System)

Other Please Specify: _____

If selecting more than one standard, is the Mgt System Integrated (tick for yes)

Are you already certified to any of the above standards: (tick for yes)

If yes, please specify standard(s) and Certification body: : _____

Request for Quotation / Application for Management System Certification

Number of Employees:

Directors / Managers / Supervisors: _____ Sales / Administration: _____

Warehouse / Stores / General Operatives: _____ Technical / Service: _____

Others: _____

Total Staff Level: _____

Is shift work in operation? (tick for yes)

Company Activity

(please describe the activity which you wish to have certified)

Will Certificates be required for more than one permanent location?

If yes, please give address and staff levels of each location (use a separate sheet if necessary)

Where did you hear of EQA?: _____

Name of Consultant (if any): _____