



IQCS Certifications Private Limited

Formerly Known as "Institute of Quality Certifications Services (India)"

Corporate Office: 9, Akshardhara-A, Opp. Shanti Park, Upnagar, Nashik, Maharashtra, India.

Tel.:(0253) 2410430 Telefax -0253-2410289 Mobile - 9970183617

Email: iqcs.global@gmail.com. info@iqcsindia.com. Web.: www.iqcsindia.com

Questionnaire – Request For Quotation

This initial questionnaire is sent to clients interested in obtaining certification to obtain preliminary information, which will enable IQCS certifications Pvt. Ltd. to process any subsequent application, promptly and in the most effective manner. The questionnaire should be completed, ingenuously, in as much detail as possible and returned to IQCS.

Name of Organization:			
Address:			
Telephone Number:		GST Number:	
Contact Person:		Position:	
Email Address:			

1. Certification Required

(A) Quality Management System

ISO 9001:2015

- Is the category "Design and Development" Included in the activities to be certified? Yes No
- Is there any process that affects product conformity outsourced? Yes No
- Exclusion if any, under clause 8 only?
- Any Statutory / Regulatory Requirement?
- Status of system Document(Manual, Procedure, W.I., Forms/Formats, Etc): _____

(B) Occupational Health and Safety Advisory Services

ISO 45001:2018

OHSAS 18001:2007

- How many sites is your company managing at the same time? _____
- Applicable Legal & Statutory Requirement? Yes No
- Hazard's Identified/Hazard's Identification and Risk Analysis?
- _____
- Please mention any critical occupational health and safety risks identified?

(C) Environmental Management System

ISO 14001 : 2015

- What is the total Surface area : _____
- How many sites is your company managing at same time? _____
- A register of significant Environmental Aspect? Yes No
- An Environmental Management Manual? Yes No
- An Internal Environmental Audit Program? Yes No
- Has the Internal Environmental Audit Programme been implemented? Yes No

(D) Food Safety management System

ISO 22000 : 2005

ISO 22000 : 2018

- HACCP Implemented or Study conducted? Yes No
- How many sites is your company managing at the same time? _____
- How Many process lines? _____
- Number of shifts? _____



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- Identification of CCPs/PRPs/OPRPs _____
- Any prior audits? Yes No
- If yes then specify the result of audit _____

(E) Any other standard ISO 13485:2016 /HACCP/AS 9100/ ISO27001/TS 16949/CE/GMP etc:

2. Certification Programme Requested

- Initial Certification
- Re- certification
- Integrated Certification
- Combination Audit
- Transfer cum Surveillance
- Transfer of Accreditation

3. Manpower (For all sites to be covered under certification)

- Site Address : _____
- Manpower : _____ (a) Permanent employee ____ (b) Contract employee ____
- Number of shifts : _____ Area/Size of Facility :- _____
- Number of Departments :- _____ No Of Sites :- _____
- Scope of certification : _____

4. Accreditation required

- ASCB (UK)
- EIACI (Emirates International Accreditation Center)
- ANY OTHER _____ (Please Specify)
- Dual Accreditation

5. Additional Information

- Have You Specify the programme? Yes No
- Have you called the consultant? Yes No
- If yes, Please specify name & contact Number _____
- Name of Business Associate : _____

6.Do you have any relationship with IQCS Management/ IQCS employee/ IQCS Auditors/ IQCS Technical Experts/



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IQCS Associates/ IQCS Committee Member/ IQCS Staff? The relationship could be of any form, viz., (i). Finances (ii). Commercial (iii) Common Ownership (iv). Familiarity with any Individual belonging to IQCS (v). Familiarity with any contracted person of IQCS (vi). Past Association with any member of IQCS as employee/ Employer/Co-Worker/ Associate/ Team Member. Yes No
 If Yes Give Details.

7. If the organization is part of a group, please specify the parent organization.

8. If organization has multiple facilities, do you want NA

- Separate certificates for each facility
- Single certificate covering all facilities

9. If single certificate covering all facilities is required, please confirm whether management system is centrally Administered as a corporate entity?

- Yes No

10. Description of products and services for which registration/certification is sought.
 (Scope of registration/certification)

11. Brief description of key processes (facility-wise; please attach extra sheets if required)

12. Information Covering all outsourcing process (es) used by the organisation:-

13. Primary technology
 (e.g. manual assembly, software, chemical etc.)

14. Statutory/regulatory requirements applicable to the product/service?
 (Please give details of any legislation, which relates to any of the products or services offered by your organization)

15. Please attached separate sheet for multiple size certificate activity.

16. What is your approximate schedule for assessment for certification/registration?

Stage-I Audit by _____ Stage –II (Certification) Audit by _____

I hereby certify that the information furnished above and enclosed as extra sheets is true and complete to the best of my knowledge. I fully understand the failure to provide above necessary and true information could delay processing of my application for certification/registration.

17. Client Identification Number: _____ **(FOR IQCS Office Use Only)**

Signatures	Name & Seal of authorized signatory