

# Application /Request for Quotation

Please complete this questionnaire and forward it to LMS Certifications Pvt. 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 <small>(please use additional sheets if required)</small>	Full Time	Part Time	Shifts	Full Time <small>(Site 2)</small>	Part Time <small>(Site 2)</small>	Shifts <small>(Site 2)</small>
Manufacturing/Service area						
Quality Control/Technical						
Administration						
Storage/Warehouse						
Other						
Management						
<b>Total Employees</b> <small>(Full time equivalent)</small>						
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?  Single  Multiple

Is the Clause "Design & Development" included in the Scope of Organization?  Yes  No

Is there any process that affects the product conformity and is outsourced?  Yes  No

\* Attach Statement of Non Applicability (SONA) as per **Annexure A** of ISO 9001:2015  Yes  No

Legal Obligations if any \_\_\_\_\_

**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 Attach List of Compliance Obligations  Yes  No

**Occupational Health & Safety System OHSAS 18001:2007**

Number of Sites to be Audited?  Single  Multiple Have you identified Hazards?  Yes  No

Detail all identified Critical occupational health and safety risks

Whether Incident/ Accident Register available?  Yes  No

Imp: Please furnish Table-1 and attach with Quotation request Form Attached as above  Yes  No

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<b><u>Food Safety Management System ISO 22000:2005</u></b>		
Number of Sites to be Audited?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple	
Have you implemented HACCP Principles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any seasonality issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total No of HACCP Studies ( As per ISO/TS 22003:2013) _____		
How many process lines are there in production ____ <b>Single</b> ____		
Any Prior Audits Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , attach audit findings		
<b>Other Factors(Kindly Confirm No's):-</b>		
Product Types=_____ ; Product Lines=_____ ; Product Development=_____ ; CCP=_____ ; OPRP=_____ ;		
Building Area=_____ ; Infrastructure=_____ ; In House Lab Testing=_____ ; Translator Requirements=_____ ;		
<b><u>Information Security Management System ISO 27001:2013 /</u></b>		
<b><u>Information Technology Service Management System ISO 20000-1:2011</u></b>		
Number of Sites to be Audited?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple	
Has a Statement of Applicability been compiled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of user = .....	No. of sites = .....	
No. of servers = .....	No. of Workstations (PC + Laptops) = .....	
Any Prior Audits Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , attach audit findings:.....		
<b><u>Energy Management System ISO 50001:2011</u></b>		
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple		
Annual Energy Consumption=		
Number of energy Sources=		
Number of significant energy uses (SEUs) =		
<b><u>Medical Device Quality Management System ISO 13485:2016</u></b>		
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> 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	:	
Signature		Date
<b><i>Please return this form to :</i></b> <b>LMS CERTIFICATIONS PVT. LTD.,</b> 01, Anand Dham, Opp. Kukrail Picnic Spot Gate Faridi Nagar, Lucknow- 226015, India or <b>Toll Free:</b> +91-9554645464; E Mail: <a href="mailto:info@lmscert.com">info@lmscert.com</a> , Web: <a href="http://www.lmscert.com">www.lmscert.com</a>		