

Application /Request for Quotation

Please complete this questionnaire and forward it to LMS Certification Limited. 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						
Total Employees <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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Food Safety Management System ISO 22000:2005

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 ____ **Single** ____

Any Prior Audits Conducted Yes No

If Yes , attach audit findings

Other Factors(Kindly Confirm No's):-

Product Types=_____ ; Product Lines=_____ ; Product Development=_____ ; CCP=_____ ; OPRP=_____ ;

Building Area=_____ ; Infrastructure=_____ ; In House Lab Testing=_____ ; Translator Requirements=_____ ;

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	:	

Signature		Date	
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Please return this form to :
 LMS CERTIFICATION LIMITED. Head Office: 35 Park Hill, Huddersfield, West Yorkshire-HD21QG, United Kingdom.
 India office: 1 Anand Dhaam, Opp Kukrail Picnic Spot Gate, Faridi Nagar, Lucknow - 226015, India
 Phone: +442089355094; E Mail: info@lmscert.com , Web: www.lmscert.com