



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 <small>(please use additional sheets if required)</small>		Full Time	Similar Work <small>(Repetitive worker)</small>	Part Time	Shifts	Full Time <small>(Site 2)</small>	Part Time <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.			
<u>Quality Management System ISO 9001:2015</u>							
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 _____							
<u>Environmental Management System ISO 14001:2015</u>							
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	
<u>Occupational Health & Safety System ISO 45001:2018</u>							
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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