NOSA SYSTEM CERTIFICATION

QUOTATION REQUEST FORM

Important: For preparation of a written quotation, we need information about your organization. All information supplied by you will be treated in strict confidence. Please complete this questionnaire. Use extra sheets wherever required.

Fields marked with "* "are mandatory for filling.

COMPANY DETAILS	
* Company Name:	
* Registered Address: *Site Address	
Phone:	Fax:
*E-mail:	Website:
*Chief Executive/MD:	Mobile:
*Contact Person Name:	Position Mobile:
Company Status (Please Tick): Public Limited Private Limited Partnership Proprietary Limited Liability Partnership Other Please Specify	
Total No. of Shifts: ___ Total No. of employees: Full Time_____ Part Time_____ Subcontracted_____ Total no of employees doing repetitive jobs _____ Note: If more than one site, please give address/details on back of this page.	
CERTIFICATION/S REQUESTED	
Certification Required (Please Tick): ISO 9001:2008 ISO 14001:2004 ISO 22000 ISO27001 ISO 31000 HACCP GMP WHO GMP GLP GPP OHSAS 18001 SA 8000 Other_____ Type of Audit Certification Re- Certification Transfer Certification from other CAB Combination Audit Yes No Combination _____ + _____	
Quality Management System ISO 9001:2008 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 Other Exclusions, If any _____ Legal Obligations if any	

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Environmental Management System ISO 14001:2004

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

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 (as per JAS –ANZ Procedure 2) and attach with Quotation request Form

Attached as above Yes No

Food Safety Management System ISO 22000:2005

Number of Sites to be Audited? Single Multiple

Have you implemented HACCP Principles? Yes No

Total No of HACCP Studies (As per table B.1 ISO/TS 22003:2007) _____

How many process lines are there in production _____

Any Prior Audits Conducted Yes No

If Yes , attach audit findings

Other Certification Program Requested ( )

Number of Sites to be Audited? Single Multiple

Any Prior Audits Conducted Yes No

If Yes , attach audit findings

Accreditation: JAS-ANZ NABCB NON ACCREDITATED

Scope for Certification:

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BUSINESS DETAILS
Identify products / services of your company
Activities being performed outside the main site: (i.e. activities at temporary sites e.g. construction, collection of samples, service delivery etc.) Outsourcing if any : Name of the Consulting Organization:
Identify key processes in manufacturing or provision of services : (e.g. Design, Manufacturing, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc)
Any statutory & regulatory requirements related to Products/services: Service Tax No_____ Excise No: _____ TIN No_____ IEC Code :_____ PAN No. _____
Three Main Customers: Three Main Suppliers:

Declaration: The information provided above is true to the best of our knowledge and behalf.

Quotation Requested by Name:

Designation: Date:

Reviewed By : FOR THE USE OF NOSA SYSTEM CERTIFICATION ONLY Date:

Can this Application be further processed Yes No

Please send it on below address or Email:

NOSA SYSTEM CERTIFICATION

B5/1, Unity Building, J. C. Road, Bangalore-560 002

WWW.SYSTEMCERT.CO.IN : ; **EMAIL: info@systemcert.co.in**