

Application /Request for Quotation

Please complete this questionnaire and forward it to LMS Certification Private 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						
Casual Worker						
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.			
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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

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

45001:2018

Number of Sites to be Audited? Single Multiple

Have you identified Hazards? Yes No

If yes

List of Hazardous materials any relevant legal obligations.

Personal working onsite and off-site.

Detail all identified Critical occupational health and safety risks and processes.

Whether Incident/ Accident Register available? Yes No

Imp: Please furnish Table-1 and attach with Quotation request Form

Attached as above

Yes No

Food Safety Management System ISO 22000:2005 **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

Other Factors(Kindly Confirm No's):-

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

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

Food Safety System Certification FSSC 22000

Number of Sites to be Audited?

Single Multiple

Have you implemented FSSC 22000 Version 4.1?

Yes No

If Yes

Date of Implementation _____

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

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

Service Management System ISO 20000-1:2011 **Service Management System ISO 20000-1:2018**

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:.....

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<input type="checkbox"/> <u>Energy Management System ISO 50001:2011</u> <input type="checkbox"/> <u>Energy Management System ISO 50001:2018</u>	
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) =	
<input type="checkbox"/> <u>Medical Device Quality Management System ISO 13485:2016</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple <u>Outsourced process:</u> <u>Critical activity:</u>	
<input type="checkbox"/> <u>Business Continuity Management System ISO 22301:2012</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple Business Impact Process Defined <input type="checkbox"/> Yes <input type="checkbox"/> No Strategies and Methodologies for reducing the impact and the likelihood of disruptive Incidents Defined <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <u>Anti-Bribery Management System ISO 37001:2016</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple Bribery Risk Assessment is Defined <input type="checkbox"/> Yes <input type="checkbox"/> No List of Bribery Indicator Defined <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <u>Asset Management System ISO 55001:2014</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple <u>Outsourced process:</u> <u>Critical activity</u> Asset Management Risk Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No Complexity of Asset Management System Identified <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <u>Learning Services Management System ISO 29990:2010</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple Methodology of Learning is Described <input type="checkbox"/> Yes <input type="checkbox"/> No Any conflicts regarding Learning Services Management system <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Outsourced process:</u>	
<input type="checkbox"/> <u>Facility Management System ISO 41001:2018</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple FM Performance Monitoring Indicator Defined <input type="checkbox"/> Yes <input type="checkbox"/> No FM Risk & Opportunities Defined <input type="checkbox"/> Yes <input type="checkbox"/> No Methodologies for FM Performance Monitoring Defined <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <u>Road Traffic Safety Management System ISO 39001:2012</u>	
Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple Road Traffic Safety Policy Established <input type="checkbox"/> Yes <input type="checkbox"/> No Road Traffic Safety Risks Identified <input type="checkbox"/> Yes <input type="checkbox"/> No Risk Mitigation Plan is Established <input type="checkbox"/> Yes <input type="checkbox"/> No All Hazards have been identified <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Event Sustainability Management System ISO 20121:2012

Number of Sites to be Audited? Single Multiple

Event sustainability Development Policy established : Yes No

Outsourced process:

Event sustainability Development Risk & Opportunities Defined Yes No

Methodology to evaluate to evaluate Positive and Negative

Sustainability development Issue Defined Yes No

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 PRIVATE LIMITED

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