

## Quote Request Form for Management System Certification

Please indicate the management system standard(s) required		
Quality, Environment & Safety	ICT and Information Security	Food & Feed
<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 22301*	<input type="checkbox"/> FAMI-QS Code of Practice*
<input type="checkbox"/> ISO 14001	<input type="checkbox"/> ISO/IEC 20000*	<input type="checkbox"/> ISO 22000*
<input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 45001	<input type="checkbox"/> ISO/IEC 27001*	<input type="checkbox"/> FSSC 22000*
<input type="checkbox"/> ISO 50001*	<input type="checkbox"/> TickITplus*	<input type="checkbox"/> HACCP*
<input type="checkbox"/> ISO 28001*		<input type="checkbox"/> GMP+ FSA*
<input type="checkbox"/> TAPA	*For this scheme some additional scheme specific information might be requested.	
Please complete your general company information		
Company name (legal entity name)	>	
Parent company name (if applicable)	>	
Office address	>	
Postal address	>	
Invoicing address	>	
Contact person	>	
Position	>	
Telephone	>	
E-mail address	>	
Web-site address	>	
Did you use consultancy related to the management system?		<input type="checkbox"/> NO <input type="checkbox"/> YES - please specify below
Consultancy company name	>	
Name of the consultant	>	
Extend and work performed	>	
Please describe the products, activities and/or services of your company:		
>		
Please identify the key aspects/hazards and associated risks (process and product) for the management system under consideration:		
Key aspects/hazards and associated risks (Note: For ISO 45001/OHSAS also indicate main hazardous materials used in the processes)	>	
Regarding legal obligations for the management system under consideration: Please provide details on key legal obligations, including authorisations, consents and licences relating to your sites and operations. Also please indicate any legal issues with regulator(s) over the last 12 months (improvement, prohibitions, prosecutions etc)		
>		
Only for ISO 45001/OHSAS: Please provide key health and safety performance data and information for past 24 months and comment on how this compares to your industry sector. This should include incident rate, accident rate and incidence of occupational health issues.		
>		

<b>Please describe the desired scope of certification:</b>	
>	
<b>Are you subcontracting/outsourcing any of the activities within the scope of certification?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - please specify below
Overview of subcontracted activities	>
<b>Does the system cover offsite activities?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - please specify below
Overview of the activities, location and duration of the projects and number of worker/employees involved	>
<b>Is a part of your management system currently certified activities?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - please specify below
Management system standard	>
Certification body	>
Certificate expiry date	>

<b>Did you set up an integrated Quality / Environmental and/or Safety management system?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - for the following standards: <input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> OHSAS 18001/ISO 45001	
<b>In case of an integrated audit needs to be performed (audit on two or more management system standards) please indicate the level/extend of integration of the management system:</b>		
Management Reviews consider the overall business strategy and plans	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Integrated approach to internal audits	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Integrated approach to policy and objectives	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Integrated approach to systems processes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Integrated documentation set including work instructions, to a good level of development as appropriate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Integrated approach to improvement mechanisms (corrective and preventive action; measurement and continual improvement)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Integrated approach to planning, with good use of business wide risk management approaches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unified management support and responsibilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>Please complete the site specific information of the head office</b>			
Company name (legal entity name)	>		
Office address	>		
City	>	Country	>
Activities performed on this site	>		
Total # of own employees <sup>1</sup> (full time)	>		
Total # of contractors <sup>2</sup> (full time)	>		
Total # of own employees on part-time	>	Working %	>
Total # of contractors on part-time	>	Working %	>

<sup>1</sup> Includes personnel working away from the organization's premises  
<sup>2</sup> Contractors include temporary and seasonal personnel, sub-contractors and contracted personnel present on the premises (use an average number)

**If shifts are applicable please indicate the details for each shift below:**

Total # of personnel working in shifts	>	Total # shifts	>
<b>Shift 1</b>	Start time shift	End time shift	>
Key shift activities			
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)			
<b>Shift 2</b>	Start time shift	End time shift	>
Key shift activities			
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)			
<b>Shift 3</b> (add more if needed)	Start time shift	End time shift	>
Key shift activities			
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)			

**Are other sites/locations to be covered in the certification?**  NO  
 YES - please complete the table below per site

If yes, is a single management system with central governance/coordination used across all sites to be covered in the certification?  NO  
 YES

If yes, please indicate below any relevant process(es) that are centralized to certain site(s)

>

**Site 1 information**

Company name (legal entity name)	>		
Office address	>		
City		Country	>
Activities performed on this site	>		
<b>Only for ISO 45001/OHSAS</b> List significant OH&S hazards and associated risks which differ from the other sites (e.g. related to technology, equipment, use and quantities of hazardous materials, premises etc.)	>		
Total # of own employees <sup>1</sup> (full time)	>		
Total # of contractors <sup>2</sup> (full time)	>		
Total # of own employees on part-time	Working %	>	
Total # of contractors on part-time	Working %	>	

<sup>1</sup> Includes personnel working away from the organization's premises  
<sup>2</sup> Contractors include temporary and seasonal personnel, sub-contractors and contracted personnel present on the premises (use an average number)

**If shifts are applicable please indicate the details for each shift below:**

Total # of personnel working in shifts	>	Total # shifts	>
<b>Shift 1</b>	Start time shift	End time shift	>
Key shift activities			
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)			
<b>Shift 2</b>	Start time shift	End time shift	>
Key shift activities			
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)			
<b>Shift 3</b> (add more if needed)	Start time shift	End time shift	>
Key shift activities			
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)			

**Site 2 information**

Company name (legal entity name)	>		
Office address	>		
City	>	Country	>
Activities performed on this site	>		
<b>Only for ISO 45001/OHSAS</b> List significant OH&S hazards and associated risks which differ from the other sites (e.g. related to technology, equipment, use and quantities of hazardous materials, premises etc.)	>		
Total # of own employees <sup>1</sup> (full time)	>		
Total # of contractors <sup>2</sup> (full time)	>		
Total # of own employees on part-time	>	Working %	>
Total # of contractors on part-time	>	Working %	>
<sup>1</sup> Includes personnel working away from the organization's premises			
<sup>2</sup> Contractors include temporary and seasonal personnel, sub-contractors and contracted personnel present on the premises (use an average number)			
<b>If shifts are applicable please indicate the details for each shift below:</b>			
Total # of personnel working in shifts	>	Total # shifts	>
<b>Shift 1</b> Start time shift	>	End time shift	>
Key shift activities	>		
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>		
<b>Shift 2</b> Start time shift	>	End time shift	>
Key shift activities	>		
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>		
<b>Shift 3</b> Start time shift (add more if needed)	>	End time shift	>
Key shift activities	>		
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>		

<b>Site 3 information</b>			
Company name (legal entity name)	>		
Office address	>		
City	>	Country	>
Activities performed on this site	>		
<b>Only for ISO 45001/OHSAS</b> List significant OH&S hazards and associated risks which differ from the other sites (e.g. related to technology, equipment, use and quantities of hazardous materials, premises etc.)	>		
Total # of own employees <sup>1</sup> (full-time)	>		
Total # of contractors <sup>2</sup> (full time)	>		
Total # of own employees on part-time	>	Working %	>
Total # of contractors on part-time	>	Working %	>
<sup>1</sup> Includes personnel working away from the organization's premises			
<sup>2</sup> Contractors include temporary and seasonal personnel, sub-contractors and contracted personnel present on the premises (use an average number)			
<b>If shifts are applicable please indicate the details for each shift below:</b>			
Total # of personnel working in shifts	>	Total # shifts	>
<b>Shift 1</b> Start time shift	>	End time shift	>
Key shift activities	>		
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>		
<b>Shift 2</b> Start time shift	>	End time shift	>
Key shift activities	>		
Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>		
<b>Shift 3</b> Start time shift (add more if needed)	>	End time shift	>
Key shift activities	>		

Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>
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**Site 4 information** (add more tables if needed)

Company name (legal entity name)	>
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Office address	>
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City	>	Country	>
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Activities performed on this site	>
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<b>Only for ISO 45001/OHSAS</b> List significant OH&S hazards and associated risks which differ from the other sites (e.g. related to technology, equipment, use and quantities of hazardous materials, premises etc.)	>
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Total # of own employees <sup>1</sup> (full time)	>
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Total # of contractors <sup>2</sup> (full time)	>
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Total # own employees on part-time	>	Working %	>
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Total # of contractors on part-time	>	Working %	>
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<sup>1</sup> Includes personnel working away from the organization's premises

<sup>2</sup> Contractors include temporary and seasonal personnel, sub-contractors and contracted personnel present on the premises (use an average number)

**If shifts are applicable please indicate the details for each shift below:**

Total # of personnel working in shifts	>	Total # shifts	>
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<b>Shift 1</b>	Start time shift	>	End time shift	>
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Key shift activities	>
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Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>
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<b>Shift 2</b>	Start time shift	>	End time shift	>
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Key shift activities	>
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Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>
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<b>Shift 3</b> (add more if needed)	Start time shift	>	End time shift	>
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Key shift activities	>
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Describe level of control for the shifts (based e.g. on internal audits, Quality Control)	>
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