

ISO Questionnaire

Preparation of Quote

Section One: Company Information

Please tell us about your company:

Registered name of company:					
Trading name (if different from above):					
Affiliation to any other companies or groups?		Yes	No	If yes, please state who:	
Company Registration Number:		VAT Registration Number:			
Postal Address:				Postal Code:	
Physical Address:					
Top Management Contact:	Name:			Designation:	
	Tel:			Fax:	
	Cell:			Email:	
Management Representative:	Name:			Designation:	
	Tel:			Fax:	
	Cell:			Email:	
Company Web Site Address					
Did a consultant assist you with the implementation of your system?		Yes		No	
If "yes", give consultant's name.					

Section Two: Audit Requirements

Please describe your audit requirements:

Do you require any induction training to be performed by our team and if so, how much time is needed per auditor?		Yes		No	
		Time needed			
Scope of Certification:					
Briefly describe your company's scope and/or services, exactly as you would wish them to appear on your Certificate.					
Please state the relevant legal obligations for the manufacture / provision of your product / service					
Have you been certified before?		Yes	No	If yes who was the certification body	
Certification Required:		ISO 9001		ISO 14001	ISO 45001
Are any of your processes outsourced, if "yes" please state which processes are outsourced?		Yes	No		

Section Three: Audit Information

Like all accredited certification bodies, we calculate the duration of audits in accordance with the requirements of the International Accreditation Forum. To do this, we need the following information in addition to that you have already given:

Site name					
Physical address of site (Include post code)					
No. of employees :	Breakdown of employees				
	Part-Time	Drivers	Apprentices	Disabled	Field workers
If your employees work shifts, please indicate:	Site(s) at which employees work shifts	How many shifts per 24 hours?	Duration of shift (hours)	Number of employees per shift	
	:	:	:	:	

FOR TAKE OVER AUDITS ONLY

Is your company already certified against any local or international standards? If so, please state:
Standard
Certification Body
Date of first certification
If another certification body has certified your company, please attach photocopy of the current documents, so that we can take your existing certification into account when calculating audit duration.
<ul style="list-style-type: none"> • Certificate • Most recent audit report (will need to be produced to secure repeat audit man days should quote be accepted) • If non-conformities were raised by the auditors, - the non-conformity report showing that the corrections to the non-conformities have been accepted by the auditors will need to be supplied at time of acceptance of quotation. • If you are changing bodies – please explain your reason for the change:

Please confirm that the information given in this questionnaire is full and accurate, by signing below.		
Signature	Designation	Date

For ISO Global to complete

Based on the above information does the client fall within the scope?			
Accept and proceed to quoting	Yes	No	
If No state reason:			
Competency availability	Yes	No	
If Yes state members:	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
If No state reason:			