

For Office Use	IAF Code/ Technical Category	
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1. Please complete this questionnaire in detail and attach any relevant supporting information, describing the Company's scope of operation, e.g. Company brochures or publicity material.
2. On receipt of the completed questionnaire, UQSR Global Private Limited will prepare and submit a proposal detailing assessment costs and timescales.

Please return the completed form to:	UQSR GLOBAL PRIVATE LIMITED	Toll Free:	1800 532 3300
		E-mail:	info@uqsr.org

Which Standard(s) do you wish to apply for? (Please select all that apply)

ISO 9001 <input type="checkbox"/>	ISO 14001 <input type="checkbox"/>	ISO 27001 <input type="checkbox"/>	ISO 20000-1 <input type="checkbox"/>
ISO 45001 <input type="checkbox"/>	ISO 28000 <input type="checkbox"/>	ISO 22000 <input type="checkbox"/>	ISO 50001 <input type="checkbox"/>

Contact Name	Name:	Management Representative	Name:
Chief Executive	Name:	Number of Sites Requiring Certification	Note: For more than 1 site please provide addresses on a separate sheet of paper
Company Name			
Address			
Town / City		Telephone	
County / Province		Mobile	
Postcode / Zip Code		e-mail / web site	/
Country		Business Language of Site(s)	
GST Number:			
Please define key processes at your facility? (example: designing, cutting, welding etc.)			
*Statutory & Regulatory Requirements: (Related to product/ services / Management System Certification)			
*Outsourced Process: if any; which effects the conformity of the product/service			
Which are expected risks to your business?			
Is your company involved in design and development activity?			

List of Product or Services Provided by your Company:

Please provide a list:

Certification Programme Requested:

Initial certification	<input type="checkbox"/>	Recertification	<input type="checkbox"/>	Transfer of Certificate	<input type="checkbox"/>
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Information about your company (Please tick / complete as appropriate)

Design & Manufacturer	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	Stockist	<input type="checkbox"/>
Service Industry	<input type="checkbox"/>	Job Work	<input type="checkbox"/>	If Other (please provide additional details)	<input type="checkbox"/>

Is the scope/part scope covered by accreditation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If UQSR is not accredited for scope is the contract acceptable? (state why)

Company Employees:

NOTE: in case of multiple shift define number of employees for each shift separately.

Total number of employees:	Total No of shifts:
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If Application is for Multiple Locations:

Multi-site certification for sites operating under a common management system under control of head office	
Individual certification for each site listed	

In case of multisite certification please fill the below information			
Site address	Number of employees in each shift		Total Number of Employees
Site 1:	Shift 1: Shift 3:	Shift 2: Shift 4:	Total Number of employees:
Site 2:	Shift 1: Shift 3:	Shift 2: Shift 4:	Total Number of employees:
Site 3:	Shift 1: Shift 3:	Shift 2: Shift 4:	Total Number of employees:
Site 4:	Shift 1: Shift 3:	Shift 2: Shift 4:	Total Number of employees:
TOTAL EFFECTIVE NUMBER OF EMPLOYEES			

Does your company conduct any activities on Clients' sites <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES please list activities):
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Quality Management System ISO 9001:2015	
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 _____	

Environmental Management System ISO 14001:2015	
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

Occupational Health & Safety System OHSAS 18001:2007 / ISO 45001:2018	
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 identified Critical occupational health and safety risks Whether Incident/ Accident	
Register available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Imp: Please furnish Table-I and attach with Quotation request Form Attached as above	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food Safety Management System ISO 22000:2005	
Number of Sites to be Audited?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple
Have you implemented HACCP Principles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any seasonality issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total No of HACCP Studies (As per ISO/TS 22003:2013) _____	
How many process lines are there in production ____Single____	
Any Prior Audits Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> 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 / Information Technology Service Management System ISO 20000-1:2011	
Number of Sites to be Audited?	<input type="checkbox"/> Single <input type="checkbox"/> Multiple
Has a Statement of Applicability been compiled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of user =	No. of sites =
No. of servers =	No. of Workstations (PC + Laptops) =
Any Prior Audits Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , attach audit findings:.....	
Energy Management System ISO 50001:2011	
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) =	

ONLY FOR CLIENTS TRANSFERRING FROM ANOTHER ACCREDITED CB

Certification Body:	
Accreditation:	
Standards:	
Issue Date:	
Expiry Date:	
Status of Current Certificate:	

Please Confirm that we have your permission to contact your current CB for:		
Verification of the validity and scope of your current certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verification of the status of any outstanding corrective actions or other queries raised during our review.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please indicate if you have any objection to the use of UQSR Global Private Limited Approved Sub-Contract Assessment Personnel		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your company use / or are planning to use a consultant or consultancy company in respect to this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes Please provide the name:

The signature on behalf of the company, agrees to "the description of rights and duties" (page 3 of this form) of UQSR Global Private Limited organizations, and accepts the conditions as defined in the accompanying rights and duties	Signed	Position	Date
Details confirmed by UQSR Global Private Limited	Signed	Position	Date

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Information on the organisation and its Management System is sufficient for conduct of audit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Requirement for certification documented and provided to applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO
UQSR has competence and ability to perform the certification activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Auditors available?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is Scope Accredited?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Location(s) acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Audit time acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Language acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety conditions acceptable?	<input type="checkbox"/> YES <input type="checkbox"/> NO