



# EQUALITAS SYSTEMCERT PVT. LTD. 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's Address (if any):  |   |
| Phone:   | Fax:  |
| *E-mail:   | Website:  |
| *Chief Executive/MD:<br>Email id:  | Mobile:   |
| *Contact Person Name:<br>Mobile:   | Position<br>E-mail id:  |
| Company Status (Please Tick): <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary<br><input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Other Please Specify   |   |
| Total No. of Shifts: _____ Total No. of employees: Full Time _____ Part Time _____ Subcontracted _____   |   |
| Total no of employees doing repetitive jobs _____  |   |
| Employees directly involved in scope of management system _____  |   |
| Scope for Certification  |   |
|  |   |
| Certification's Requested  |   |
| Certification Required (Please Tick): <input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO27001 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> ISO20000-1 <input type="checkbox"/> HACCP <input type="checkbox"/> GMP <input type="checkbox"/> ISO 45001 <input type="checkbox"/> Other _____ |   |
| Accreditation: <input type="checkbox"/> NABCB <input type="checkbox"/> NON ACCREDITATED  |   |
| Type of Audit  |   |
| <input type="checkbox"/> Certification <input type="checkbox"/> Re- Certification <input type="checkbox"/> Transfer Certification from other CAB   |   |
| Combination Audit <input type="checkbox"/> Yes <input type="checkbox"/> No Combination _____ + _____   |   |
| <b>In Case of Transfer from other Certification Bodies provide below Details &amp; Attach Last Audit Report and Copy of Certificate along with this Form.)</b>   |   |
| Certification Body Name  |   |
| Accreditation  |   |
| Certificate Expiry Date  |   |
| Last Audit Date  |   |
| Requested Audit Mode <input type="checkbox"/> Physical <input type="checkbox"/> Remote   |   |
| <b>*If Remote Audit Mention Platform Name:</b>   |   |
| <b><u>Quality Management System ISO 9001:2015</u></b>  |   |
| Number of Sites to be Audited?   | <input type="checkbox"/> Single <input type="checkbox"/> Multiple |
| Is there any process that affects the product conformity and is outsourced?  | Is the <input type="checkbox"/> Yes <input type="checkbox"/> No   |



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Clause "Design & Development" included in the Scope of Organization? Other  Yes  No

Exclusions, If any \_\_\_\_\_

Legal Obligations if any \_\_\_\_\_

Whether company is responsible for demonstration of product/service performance:  Yes  No

**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

List of Compliance Obligations available (If yes, Attach)  Yes  No

**Occupational Health & Safety Management System ISO 45001:2018**

Number of Sites to be Audited?  Single  Multiple

Have you identified Key Hazards and OH&S risks associated with processes?  Yes  No

If yes, give detail of Main Hazardous Materials used in the processes, and any relevant legal OH&S obligations below.

| S. No. | Process | Main Hazardous Materials | Relevant legal OH&S obligations |
|--------|---------|--------------------------|---------------------------------|
|        |         |                          |                                 |
|        |         |                          |                                 |
|        |         |                          |                                 |
|        |         |                          |                                 |
|        |         |                          |                                 |

Detail all identified Critical occupational health and safety risks \_\_\_\_\_

Personal working On-site \_\_\_\_\_ Off-site: \_\_\_\_\_ Subcontracted \_\_\_\_\_

Whether Incident/ Accident Register available?  Yes  No

**Other Certification Program Requested** ( \_\_\_\_\_ )

Number of Sites to be Audited?  Single  Multiple Any Prior Audits Conducted  Yes  No  
If Yes , attach audit findings

**For IMS (Integrated Management System) Only**

Level of Integration for IMS Only Please Tick Mark on the scale of 1 to 5 (1 being the lowest and 5 being the highest or Full integration)

| Criteria   | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Documentation set is integrated (Manual, Procedure, Work Instructions etc.)  |   |   |   |   |   |
| Management Reviews is Common for all Systems   |   |   |   |   |   |
| Internal Audit is Common for all Systems   |   |   |   |   |   |
| Policy and Objectives are Integrated for all Systems   |   |   |   |   |   |
| Systems Processes is Integrated for all Systems  |   |   |   |   |   |
| Improvement Mechanisms, (corrective and preventive action; measurement and continual Improvement) are Integrated for all Systems |   |   |   |   |   |
| Management Support and Responsibilities are Integrated for all Systems   |   |   |   |   |   |

Business Details



# EQUALITAS SYSTEMCERT PVT. LTD. QUOTATION REQUEST FORM

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)

Statutory & Regulatory requirements related to Organization/ Industry:

GST No. \_\_\_\_\_ Excise No. \_\_\_\_\_ CIN No. \_\_\_\_\_ IEC Code : \_\_\_\_\_

PAN No. \_\_\_\_\_ Other \_\_\_\_\_

Industrial requirements related to Products/ Services (e.g. IS Standard, Hallmark, FSSAI, Agmark)

Three Main Customers:

Three Main Suppliers/ External Provider:

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

Quotation Requested by

Name:

Designation:

Sign:

Date:

**FOR THE USE OF EQUALITAS SYSTEMCERT PRIVATE LIMITED ONLY**

Can this Application be further processed  Yes  No

Reviewed By :

Date:

Please send it on below address or Email:

**EQUALITAS SYSTEMCERT PRIVATE LIMITED**

Head Office: B-73, Lekhraj Gold, Complex, Sector-16, Munshipulia, Indira Nagar, Lucknow-226016, India.  
Registered Office: A-19, Ground Floor Okhla Phase-2 FIEE Complex, Kartar Tower New Delhi-110020, India.  
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