



MANAGEMENT SYSTEMS QUOTE REQUEST FORM



INSTRUCTIONS FOR COMPLETION:

Please ensure when completing this form it is downloaded and saved locally before completing. This interactive PDF should be opened and completed in Adobe Reader/Acrobat before resaving and returning to NQA.

IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN THE NQA MULTI-SITE SUPPLEMENT QUESTIONNAIRE.

1. Organisation details:

Company name (Legal entity requiring certification): Country:

Main office address:

Postcode: Website:

Contact name:

Job title:

Email:

Direct dial: Mobile:

2. Which management systems standards are you requiring certification for? (Tick all that apply)

ISO 9001:2015 (Quality) Complete Section A	<input type="checkbox"/>	ISO 14001:2015 (Environmental) Complete Section B	<input type="checkbox"/>	ISO 45001:2018 (H&S) Complete Section C	<input type="checkbox"/>
ISO 50001:2018 (Energy) Complete Section D	<input type="checkbox"/>	ISO 13485:2016 (Medical Devices) Complete Section E	<input type="checkbox"/>	SSIP (Safety Systems in Procurement) Complete Section C	<input type="checkbox"/>
ISO 27001:2013 (Info Security) Complete Section F	<input type="checkbox"/>	ISO 44001:2017 (Collaborative) Complete Section G	<input type="checkbox"/>	ISO 55001:2014 (Asset) Complete Section H	<input type="checkbox"/>
ISO 27701 (Privacy Information) Complete Section F	<input type="checkbox"/>	Please note; you must have or be applying for ISO 27001 to gain this certification. If you are certified to ISO 27001 with another provider, then please apply to transfer this certification to NQA.		Transferring your Certification Complete Section I	<input type="checkbox"/>

3. Integrated management systems:

	Yes - full	Yes - partial	No
Is your management system integrated with other standards and to what extent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For further detail on integration approaches within management system standards, please [click here](#).

4. Please provide details of the breakdown of your employees at this location:

	Core hours	Shift 1	Shift 2	Shift 3	Total no. of employees
No. of staff:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please detail the processes and activities at this site:

Please detail the activities your employees conduct and the number involved in each task (e.g. maintenance, office based, production):

Task	Employees	Task	Employees	Task	Employees
Sales	<input type="text"/>	Operations/Delivery – office/site based	<input type="text"/>	R&D	<input type="text"/>
Marketing	<input type="text"/>	Operations/Delivery – field based	<input type="text"/>	Management	<input type="text"/>
Finance	<input type="text"/>	Compliance	<input type="text"/>	Other	<input type="text"/>
HR	<input type="text"/>	Maintenance	<input type="text"/>		
Total no. of employees:	<input type="text"/>				

If you have more than 1 site please download, complete and return an [NQA Multi-Site Supplement Questionnaire](#).

Where part time workers or seasonal workers are employed, please provide full details below:

5. Are you?

	Yes	No		Yes	No
A new client?	<input type="checkbox"/>	<input type="checkbox"/>	Expanding your scope of certification?	<input type="checkbox"/>	<input type="checkbox"/>
An existing NQA client?	<input type="checkbox"/>	<input type="checkbox"/>	Adding a standard to your certification?	<input type="checkbox"/>	<input type="checkbox"/>
A transferring client?	<input type="checkbox"/>	<input type="checkbox"/>	Adding a site to your certification?	<input type="checkbox"/>	<input type="checkbox"/>

6. Requested scope of certification:

Note: The scope should explain succinctly the purpose and output covered by the management system; it should describe what the organisation does, not how it does it (e.g. the provision of architectural design services, or Information security management for...).

7. Do you provide installation, contract site works or undertake your business activity at client locations?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

8. Do you have outsourced or subcontracted activities?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of any externally provided processes, products and services:

9. Does the organisation have a simple structure with vertical lines of management communication and few decision makers?

Yes No

10. Does the organisation have staff speaking in more than one language and/or use an interpreter?

Yes No

If yes, please specify which language/s:

11. Do you have a target assessment date?

12. At what stage of implementation are you in?

Researching Implementing System in place Already certified

13. Consultant use:

Yes No

Are you using a consultant to help you implement/manage the management system?

Consultancy name/contact info:

14. Where did you hear about NQA's service? (Tick all that apply)

Existing client	<input type="checkbox"/>	Event (exhibition or virtual)	<input type="checkbox"/>	Social media	<input type="checkbox"/>
Consultant recommendation	<input type="checkbox"/>	Promotional email	<input type="checkbox"/>	Advertising campaign	<input type="checkbox"/>
Professional recommendation	<input type="checkbox"/>	NQA website	<input type="checkbox"/>	Search engine (Google)	<input type="checkbox"/>

Other (please specify)

Please ensure that the following sections of this form are also completed (as appropriate).
PLEASE CLICK BELOW TO GO DIRECTLY TO THE RELEVANT SECTION:

If you have any problems completing this form please call +632 88863795 or email info@nqa-ph.com

If you choose to give us any personal information (for example your e-mail address) we will treat this information in line with our privacy notice which can be located here: <https://www.nqa.com/privacy>. We will only use the information provided to respond to your enquiry and provide you with any information or materials requested. By submitting this information you are requesting a quote for services from NQA and a subsequent quote letter will be issued to you based on the information provided within this form.



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SECTION A - ISO 9001:2015

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. Do you undertake design and development of products and services?

Yes No

If yes, please detail the number of staff engaged in design activities:

SECTION B - ISO 14001:2015

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

Please complete the following questions considering ALL locations applying for certification.

1. Are your operations subject to an authorisation/permit/licence/registration from a regulatory body? (e.g. environmental permit, hazardous waste producer registration, abstraction licences, registered waste or water discharge exemptions, etc.)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details (including permit/licence/registration numbers):

2. Discharges to water/sewer:

Do you produce any industrial effluent (other than domestic sewage and surface water)?

Frequently	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Never	<input type="checkbox"/>
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3. Waste:

Do you produce hazardous, special or clinical waste?

Frequently	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Never	<input type="checkbox"/>
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4. Noise and nuisance:

Have you had complaints with respect to noise or other nuisances (smoke, dust, fumes, odours or other escapes) from your premises?

Frequently	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Never	<input type="checkbox"/>
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Details, including which location(s) this applies to:

5. Incidents/prosecutions:

Have you had, including significant stakeholder complaints any environmental incidents leading to high clean-up costs or a breach of legislation (including prosecution)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, please provide details, including which location(s) this applies to:

6. Are any of the following site specific issues relevant?

Are there any surface waters (rivers, lakes, streams, etc.) or boreholes within or adjacent to the site boundaries?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is your site overlying groundwater of significance (e.g. major/minor aquifer)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have listed buildings (Grade I, Grade II*, Grade II) or archaeological sites (tumuli, burial mounds etc.) on site?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is the site within or adjacent to any designated nature conservation sites including Site of Special Scientific Interest (SSSI), National Park, or Special Areas of Conservation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are there any other conservation issues at the site?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there evidence to suggest land contamination requiring clean-up is present at the site?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered yes to any of the above questions, please provide details, including which location(s) this applies to:

SECTION C - ISO 45001:2018

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. If you are applying for SSIP please identify which role(s) you would like approving against:

Designer Principal Designer Contractor Principal Contractor Non-construction

2. Please provide details of the hazards associated with your activities:

Hazards	Please tick	Please detail which processes these hazards relate to?
Working with asbestos	<input type="checkbox"/>	
Working with explosives	<input type="checkbox"/>	
Working with and storage of flammable substances	<input type="checkbox"/>	
Transport of dangerous goods	<input type="checkbox"/>	
Underwater diving at work	<input type="checkbox"/>	
Working with materials at extreme temperatures	<input type="checkbox"/>	
Working with dangerous animals	<input type="checkbox"/>	
Working in proximity to water (risk of drowning)	<input type="checkbox"/>	
Working with gas	<input type="checkbox"/>	
Working with ionising radiation	<input type="checkbox"/>	
Working with lifting equipment and lifting operations	<input type="checkbox"/>	
Working with biological hazards	<input type="checkbox"/>	
Working in proximity to moving vehicles	<input type="checkbox"/>	
Food preparation for other parties	<input type="checkbox"/>	
Working in compressed air (risk of decompression illness)	<input type="checkbox"/>	
Working at heights	<input type="checkbox"/>	
Working in confined spaces	<input type="checkbox"/>	
Working with pressure systems	<input type="checkbox"/>	
Use of lead and heavy metals at work	<input type="checkbox"/>	
Working with fumes/gasses/dust	<input type="checkbox"/>	
Working with chemical hazards	<input type="checkbox"/>	
Use of work equipment (PUWER)	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	
	<input type="checkbox"/>	

3. Please identify the main hazardous materials associated with your processes and provide details:

4. Radioactive and dangerous substances:

Do you keep, use, accumulate or dispose of radioactive substances?

Yes No

Does your business handle, produce, use or store dangerous substances (including toxic, oxidising, explosive, flammable, etc.) in large quantities and could therefore be subjected to COMAH (Control of Major Accident Hazards)?

Yes No

If you have answered yes to any of the above questions, please provide details, including which location(s) this applies to:

5. Are there members of the public present at your organisation's sites?

Yes No

If yes, please specify which sites:

6. Please provide details of legislation, regulations, obligations and guidance notes applicable to the business:

E.g. Construction Design and Management Regulations, Control of Major Accident Hazards Regulations, etc.

7. Please provide a description of any formal involvement with a competent regulatory authority:

E.g. HSE in the UK

8. Have you had any incidents leading to or pending prosecution/insurance claims/enforcement notices in the last five years?

Yes No

If yes, please provide details:

9. Please state accurately all injuries, diseases and dangerous occurrences (RIDDOR) for the past 12 months:

Number of reportable injuries: Fatal Major Over seven days

Number of reportable dangerous occurrences: Number of reportable accidents involving a member of the public:

Details of reportable diseases:

Details of reportable injuries:

Note: Disclosure of information is a requirement for contractual obligation. The applicant may be contacted before issue of a quotation.

10. Are there any additional personnel that are not detailed in your employed

personnel number (e.g. contractors/subcontractors personnel) performing work or work-related activities under the control or influence of the organisation's system?

Yes No

If yes, please state how many:

SECTION D - ISO 50001:2018

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IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN
THE NQA [MULTI-SITE SUPPLEMENT QUESTIONNAIRE](#).**

Number of EnMS effective personnel on site:

Role(s) of EnMS personnel:

Processes/activities of site:

Annual energy consumption (Terajoules):

Energy sources:

Significant energy uses:

Energy regulations applicable to site:

For additional guidance on how to complete this section please [click here](#).

SECTION E - ISO 13485:2016

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. What is the intended use of your product?

2. Are your products sterile?

Yes No

If yes, please provide details of sterilization method:

When/how was the sterilization conducted? During production Outsource Intend for end-user sterilization

Sterilization methods

Please tick

Details

Ethylene oxide gas, (e.g. ethylene oxide gas sterilization):

Moist heat (e.g. pressure steam sterilizer):

Aseptic processing (e.g. sterilization by boiling; disinfection; ozone disinfection):

Radiation sterilization (e.g. gamma, x-ray, electron beam):

Sterilization method other than specified above

3. Is software used in the product?

Yes No

If yes, please provide details for software:

As an independent medical used software?

Yes No

As a component part of the finished medical device?

Yes No

As an embedded part of the finished medical device?

Yes No

4. Have you had any incidents leading to or pending prosecution/insurance claims/enforcement notices in the last year?

Yes No

If yes, please provide details:

5. Please list below legal obligations relevant to the proposed scope of certification:

6. Please list the requirements of ISO 13485 that you do not deem applicable to the proposed scope of the management system:

Clause	Reason

7. Organisational and process complexity:

- Does the organisation have a large product range and/or complexity of medical device? Yes No
- Does the organisation use suppliers to supply processes or parts that are critical to the function of the medical device and/or the safety of the user or finished product? Yes No
- Does the organisation install products on the customer's premises? Yes No
- Does the organisation have poor regulatory compliance? Yes No
- Does the organisation have multiple shifts/a number of production lines? Yes No
- Does the organisation have no production (e.g. wholesale, retail, transportation or maintenance of equipment)? Yes No
- Does the organisation reduce the production range since last audit? Yes No

If you answered yes to any of the above questions, please provide details below:

SECTION F - ISO 27001:2013

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. Are you aware of any standards, regulations or laws with which your company or industry must comply? If so list these below:

Legal (e.g. Data Protection Act, Computer Misuse Act etc):

Regulatory (e.g. PCI DSS, Information Governance Statement of Compliance (IG SoC)):

2. Risk level and complexity - if you answer yes to any of the below you must provide details:

Type	Criteria	Examples	Yes	No	Comments
Government classification	Do you handle Government information classified at or above secret?	e.g. military bases, defence supply chain, government departments.	<input type="checkbox"/>	<input type="checkbox"/>	
Nature of information managed	Could the nature of information held result in a breach or loss; having material financial, personal or reputational impact to any interested party? Information handled includes: <ul style="list-style-type: none"> Customers, end users, staff contractors or others sensitive personal information e.g. health records or financial information Intellectual property (e.g. designs, software source code) 	e.g. Solicitors, law firms, banks, insurers, credit agencies (regulated by FCA), organisations providing payroll services or pension administration etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Volume of data managed - aggregated data sets	Does the information held include a large set of sensitive personal information that could be used for identity theft or fraud? e.g. This could include individuals' usernames and passwords used to access web portals or other systems.	e.g. E-commerce websites, utility companies, online payment websites, organisations collecting individual's data via web portals, organisations processing and analysing customer data.	<input type="checkbox"/>	<input type="checkbox"/>	
Complexity of technology used	Does the technology used include a diverse or complex infrastructure? e.g. Many servers (>100 physical or virtual servers) AND/OR "Bring your own device" (BYOD) is permitted.	e.g. Large IT infrastructure, many servers, multiple different platforms, any organisation permitting BYOD ("bring your own device") is included in this criterion, regardless of size.	<input type="checkbox"/>	<input type="checkbox"/>	
Regulation	Is your organisation regulated? e.g. Regulated by Financial Conduct Authority, Ofcom, Ofsted, Ofrel, Solicitors Regulatory Authority, Law Society, GMC). AND/OR Subject to sector specific rules e.g. Cheque Printers Accreditation Scheme C & CCC Standard 55, UK Health Service's Information Governance Statement of Compliance (IG SoC), ADISA (Asset Disposal and Information Security Alliance), PCI DSS.	e.g. Banking, cheque printers, hospitals, education.	<input type="checkbox"/>	<input type="checkbox"/>	
Complex tasks	Does your organisation develop software?		<input type="checkbox"/>	<input type="checkbox"/>	

Type	Criteria	Examples	Yes	No	Comments
National importance of products/services & high availability requirements	<p>Are your services:</p> <p>Part of critical national infrastructure (e.g. emergency services, communications, financial services, health, transport, utilities)</p> <p>AND/OR: An essential part of national infrastructure supply chain (e.g. data centre hosting national infrastructure systems)</p> <p>AND/OR: Potential terrorist target</p> <p>AND/OR: Non-availability of your services or product may severely affect the health, well-being, safety or security of people.</p>	<p>e.g. broadcasting support providers, utilities (power, water, gas), internet and mobile service providers, air traffic control, examination boards</p> <p>Or banking services, borders and immigration controls, health management systems.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply Chain	<p>Do you share sensitive information with third parties?</p> <p>e.g. Customers'/end users'/staff or others personal information. Including outsourced payroll, third party vetting services (criminal records, credit checks)</p> <p>AND/OR: Intellectual property (designs, source code or other sensitive proprietary information).</p>	e.g. Criminal records, credit checks, outsourced payroll etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Importance of integrity of information	<p>If the information produced by your company is incorrect or incomplete, could there be a threat to individual or collective health / wellbeing / safety / security / miscarriage of justice or risk of fraud?</p>	e.g. Organisations such as secure printers (passport/ visa printers/prescription/ medical instruction printers), health providers (clinical information/ medical record systems), gambling service providers.	<input type="checkbox"/>	<input type="checkbox"/>	
Susceptibility to fraud or targeted disruption	<p>Could the theft of information (by staff / contractors or others) managed by your organisation result in fraud or targeted disruption?</p> <p>e.g. Theft of personal information by staff working in finance / insurance, call centres, clinics, pharmacies.</p> <p>AND/OR: Hacking of software/website/IT systems.</p>	e.g. Organisations susceptible to fraud (e.g. by theft or misuse of data) or heightened risk of attempted fraud.	<input type="checkbox"/>	<input type="checkbox"/>	
Information not available to audit	<p>Do you hold any ISMS related information that cannot be made available for review by the audit team because it contains confidential or sensitive information?</p>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
Clearance	<p>Does the audit team require security clearance to attend the site?</p>		<input type="checkbox"/>	<input type="checkbox"/>	

ISO 27701:2013 (PRIVACY INFORMATION MANAGEMENT)

1. Please detail below the data protection/privacy legislation applicable to your organisation: (e.g. GDPR)

2. Are you currently or has your business ever been under investigation/fined by a data enforcement agency? (e.g. ICO)

Yes No

If yes, please provide details below:

3. Please confirm whether your organisation is a data processor, data controller or both:

Data Processor Data Controller Both Data Processor and Data Controller

SECTION G - ISO 44001:2017

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. Please provide the details below of the relationships you would like certifying:

	Collaborative Business Relationship to be certified	Number of employees involved in the Collaborative Business Relationship	Details of the Collaborative Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SECTION H - ISO 55001:2014

**ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD
IF YOU ARE A MULTI-SITE CLIENT PLEASE DETAIL ON A SEPARATE SHEET THE ASSET GROUPS
PERTAINING TO EACH SITE, UNLESS THESE ARE UNIFORM ACROSS ALL SITES**

1. Please detail the business activities covered by your Asset Management System (AMS):

2. Please list the different categories of Asset Groups below (use a separate sheet if necessary):

	Asset group name	Asset group description	Company asset?	Client asset?
e.g.	Vehicle Fleet	Lorries within vehicle fleet	<input type="checkbox"/>	<input type="checkbox"/>
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please select the most appropriate description applicable to your scope of AMS:

The asset portfolio is a complex networked system of assets. It is a highly interdependent system.

The asset portfolio is complex, but has discrete locations with partially interdependent systems.

The asset portfolio is at a discrete location with independent functional systems.

4. Please select the most appropriate description applicable to the criticality of your business assets within the scope of your AMS:

High impact on business and stakeholders of asset failure.

Medium impact on business and stakeholders of asset failure.

Low impact on business and stakeholders of asset failure.

5. Are there significant business continuity and supply chain risks?

Yes No

If yes, please provide details:

6. Are there any statutory requirements for recording financial and non-financial information relevant to asset management, risk management, management of change, complexity of the outsourced processes etc.

Yes No

If yes, please provide details:

SECTION I - TRANSFERRING

ANSWER THE FOLLOWING QUESTIONS IF YOU WISH TO TRANSFER YOUR CERTIFICATION FROM YOUR CURRENT CERTIFICATION BODY.

Please complete one transfer set of questions per certificate you wish to transfer to NQA.

1. Certificate details:

Certificate number	Standard	Valid until date	Certification Body
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Reason for transferring:

3. Are your certifications currently active?

Yes No

4. Have any complaints been raised against your organisation to your certification body, or is a regulatory body currently engaged with or investigating you in relation to activities you are certificated for? (e.g. HSE for health and safety breaches)

Yes No

If yes, please provide more information:

5. Please detail the number of open major and/or minor non-conformities on this certificate:

No. of minors	No. of majors
<input type="text"/>	<input type="text"/>

If one or more, please provide details:

6. How frequently do you receive audits from your current certification body?

Annually 6 monthly Other

7. Please detail your last audits up to and including the latest recertification or stage 2 audit:

Audit type (Surveillance/Recert/Stage 2/Special)	Audit duration	Audit date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

To support your transfer please provide the following:

- Copies of your certificates
- Audit reports for all audits conducted up to and including your last Recertification or Stage 2 audit
- Corrective action plan(s) for any non-conformances

If the required supporting documents are not provided a transfer may not be possible. NQA will contact your existing certification body to verify the validity of your certification. **Please note:** Do not cancel your certification with your existing certification body until the transfer process has been completed by NQA and you have received an NQA Certificate.