

July 2009

QUESTIONNAIRE

For a formal written quotation of audit fees, please complete in detail and forward to our office

<i>New customers</i>	<input type="checkbox"/> New registration
	<input type="checkbox"/> Transfer of registration from another certification body

<i>Existing customers</i>	<input type="checkbox"/> Extend the scope of your current registration
	<input type="checkbox"/> Add a new standard to your registration
	<input type="checkbox"/> Transfer a registration from another certification body

(Please indicate as appropriate)

Standard(s) applicable (please indicate as appropriate)

ISO 9001 ISO 13485 ISO 14001 OHSAS 18001 ISO 22001 ISO 27001 AS9100

<input type="checkbox"/> Other eg sector schemes please specify	
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Company or Organisation	
Address	
Telephone Number	Fax Number
E-mail	Web site
Contact	Position

1. Scope of Certification What wording would you like to see on your certificate? eg 'Design, manufacture and installation of UPVC windows and doors'

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2. Main Processes Please indicate your main departments or sections (eg Marketing, Sales, Design, Purchasing)

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3. Work undertaken at clients' sites/premises Please detail the type of work carried out at clients sites/premises (eg installation, servicing, consultancy)

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4. Branch(es) or satellite office(s) Please provide details of addresses, numbers of staff and activities undertaken at these locations.

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5. Materials and Equipment Please provide details of the main materials and equipment located at your premises (eg, Chemicals, Computers, Heating Oil, Paper, Computers, Lathes)

6. Brief description of your product lines and/or services provided to your customers

7. Does your organisation currently have any registrations granted by ISOQAR or other certification bodies? YES / NO

If **YES**, please give certificate number(s) and expiry date _____

8. How many employees involved in scope applied for? Full time _____ Part time _____

9. Do you operate a shift system? YES / NO..... If YES how many employees are on shifts? (%)_____

Please describe any activities on other shifts, not covered by the day shift:- _____

10. If you are a new customer, how did you hear about ISOQAR?

11. If a consultant was used to develop your management system, please give their name and company.

12 . Is there any additional information you feel may help us prepare your quotation? (include details of any outsourced processes such as design, installation etc)

The above details help us provide an accurate quotation. All information is treated with strict confidentiality.

Signed	Position
Date	