**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 Address:**(Temporary)**In case of Multiple Sites to be audited please fill in **ACPL-05A Certification Agreement Annexure - Multiple Site Details (including temporary sites)**along with this QRF |
| Phone: Fax: |
| \*E-mail: Website: |
| \*Chief Executive/MD: Mobile: |
| \*Contact Person Name: Position: Mobile: |
| Company Status (Please Tick): 🞐 Public Limited 🞐 Private Limited 🞐 Partnership 🞐 Proprietary 🞐 Limited Liability Partnership 🞐 Other Please Specify |
| Please list the number of employees in each area/site(please use additional sheets if required) | Full Time | Part Time | Contract Employees  | Shifts | Personnel working away from the premises |
| Manufacturing/Service area |  |  |  |  |  |
| Quality Control/Technical |  |  |  |  |  |
| Administration  |  |  |  |  |  |
| Storage/Warehouse |  |  |  |  |  |
| Other |  |  |  |  |  |
| Management |  |  |  |  |  |
| Total Employees(Full time equivalent) |  |  |  |  |  |
| Total no of employees doing repetitive jobs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employees directly involved in scope of management system … QMS: …., EMS: ….., OH&SMS: ….., FSMS: ….., ISMS: ….., MD-QMS: ….., EnMS: ….., ABMS----No of Temporary Sites (In operation at present) \_\_\_\_\_\_\_\_\_\_\_\_ |
| CERTIFICATION/S REQUESTED |
| Certification Required (Please Tick): 🞐 ISO 9001:2015 🞐 ISO 14001:2015 🞐 ISO 45001:2018🞐 ISO 22000:2018 🞐ISO 27001:2022 🞐 ISO 13485:2016 🞐 ISO 50001:2018 🞐 ISO 37001:2016Type of Audit 🞐 Certification 🞐 Re- Certification 🞐 Transfer Certification from other CABCombination Audit 🞐 Yes 🞐 No Combination …………………….+ …………………………. |
| 🞐**Quality Management System ISO 9001:2015**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Is there any process that affects the product conformity and is outsourced? 🞐 Yes 🞐 NoOther Exclusions, If any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Obligationsrelated to the product if any Whether company is responsible for demonstration of product/service performance: 🞐 Yes 🞐 NoIs the Clause” Design & Development” included in the Scope of Organization? 🞐 Yes 🞐 No |
| 🞐**Environmental Management System ISO 14001:2015**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Whether Initial Environmental Review (IER) available? 🞐 Yes 🞐 NoWhether Register of Significant Aspects / Impacts available? 🞐 Yes 🞐 NoWhether Legal Register available? 🞐 Yes 🞐 NoWhether Environmental Management Program (EMP) available? 🞐Yes 🞐 NoHas EMP been implemented? 🞐 Yes 🞐 No |
| 🞐**Occupational Health & Safety Management System ISO 45001:2018**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Have you identified Hazards? 🞐 Yes 🞐 NoDetail all identified Critical occupational health and safety risks Whether Incident/ Accident Register available? 🞐 Yes 🞐 NoWhether Legal Register available? 🞐 Yes 🞐 NoImp: Please furnish form 03 QRF Annexure- OH&SMSand attach with Quotation request FormAttached as above 🞐 Yes 🞐 No |
| 🞐**Food Safety Management System ISO 22000:2018** Number of Sites to be Audited?🞐 Single 🞐 Multiple Have you implemented HACCP Principles? 🞐 Yes 🞐 NoAny seasonality issues? 🞐 Yes 🞐 NoTotal No of HACCP Studies ( As per ISO/TS 22003:2013) \_\_\_\_\_\_\_\_How many process lines are there in production \_\_\_\_\_\_\_\_\_Any Prior Audits Conducted 🞐 Yes 🞐 NoIf 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=\_\_\_\_\_  |
| 🞐**Information Security Management System ISO 27001:2022**Number of Sites to be Audited?🞐 Single 🞐 Multiple Has a Statement of Applicability been compiled? 🞐 Yes 🞐 NoNo. of user = ……….... No. of sites = ……..……..No. of servers = ……..…….. No. of Workstations (PC + Laptops) = ………..…..Any Prior Audits Conducted 🞐 Yes 🞐 NoIf Yes, attach audit findings:……………………………………………………………………………………………..**Factors related to business and organization (other than IT) (Please Select Appropriate Grade)**

|  |  |
| --- | --- |
| **Category** | **Grade** |
| *Type(s)ofbusinessandregulatoryrequirements* | [ ] Organizationworksinnon-criticalbusinesssectorsandnon-regulatedsectorsa[ ] Organizationhascustomersincriticalbusinesssectorsa[ ] Organizationworksincriticalbusinesssectorsa |
| *Processandtasks* | [ ] Standardprocesseswithstandardandrepetitivetasks;lotsofpersonsdoingworkundertheorganization’scontrolcarryingoutthesametasks;fewproductsorservices[ ] Standardbutnon-repetitiveprocesses,withhighnumberofproductsorservices[ ] Complexprocesses,highnumberofproductsandservices,manybusinessunitsincludedinthescopeofcertification(ISMScovershighlycomplexprocessesorrelatively highnumberoruniqueactivities) |
| *LevelofestablishmentoftheMS* | [ ] ISMSisalreadywellestablishedand/orothermanagementsystemsareinplace[ ] Some elements of other management systems are implemented, others not[ ] Noothermanagementsystemimplementedatall,theISMSisnewandnotestablished |
| aCriticalbusinesssectorsaresectorsthatmayaffectcriticalpublicservicesthatwillcauserisktohealth,security, economy, image and government ability to function that may have a very large negative impact to the country. |

**Factors related to IT environment (Please Select Appropriate Grade)**

|  |  |
| --- | --- |
| **Category** | **Grade** |
| *ITinfrastructurecomplexity* | [ ] FeworhighlystandardizedITplatforms,servers,operatingsystems,databases,networks,etc.[ ] SeveraldifferentITplatforms,servers,operatingsystems,databases,networks[ ] Many different IT platforms, servers, operating systems, databases, networks |
| *Dependencyonoutsourcingandsuppliers,includingcloudservices* | [ ] Little orno dependency on outsourcing or suppliers[ ] Somedependencyonoutsourcingorsuppliers,relatedtosomebutnotallimportantbusinessactivities[ ] Highdependencyonoutsourcingorsuppliers,largeimpactonimportantbusinessactivities |
| *InformationSystemdevelopment* | [ ] None ora very limited in-house system/application development[ ] Somein-houseoroutsourcedsystem/applicationdevelopmentforsomeimportantbusinesspurposes[ ] Extensivein-houseoroutsourcedsystem/applicationdevelopmentforimportantbusinesspurposes |

 |
| 🞐**Medical Device Quality Management System ISO 13485:2016**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Outsourced process:Critical activity:

|  |  |  |
| --- | --- | --- |
| Question | Yes | No |
| Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling) |  |  |
| Is the product intended to be a component/part of a medical device? |  |  |
| Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabeling, remanufacturing of other medical devices)? |  |  |
| Is the product supplied sterile? |  |  |
| Does the product contain software developed by the client organization or a supplier? |  |  |
| Is “Design and Development” in the scope of the ISO 13485 certification (e.g., when public law permits exclusion of design and development which is the case very often for low-risk medical devices)? |  |  |
| Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices? Note: Refer to the note in Annex A, Table A.1.7, a) as an example. |  |  |
| \*Kindly select applicable answer in above question series. |  |  |

 |
| 🞐**Energy Management System ISO 50001:2018**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Annual Energy Consumption=Number of energy Sources=Number of significant energy uses (SEUs) = |
| 🞐**Anti-Bribery Management System ISO 37001:2016**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Bribery Risk Assessment is Defined 🞐 Yes 🞐 NoList of Bribery Indicator Defined 🞐 Yes 🞐 No |
| **In Case of Integrated Management Systems, Kindly define level of Integration** | **If Yes then Level of Integration in %** |
| 1. An integrated documentation set, including WIs to a good level of development, as appropriate; 🞐 Yes 🞐 No
 |  |
| 1. Management Reviews that consider the overall business strategy and plan 🞐 Yes 🞐 No
 |  |
| 1. An integrated approach to internal audits 🞐 Yes 🞐 No
 |  |
| 1. An integrated approach to policy and objectives 🞐 Yes 🞐 No
 |  |
| 1. An integrated approach to systems processes 🞐 Yes 🞐 No
 |  |
| 1. An integrated approach to improvement mechanisms, (Corrective and preventive action, measurement and continual improvement); and, 🞐 Yes 🞐 No
 |  |
| 1. Integrated management support and responsibilities. 🞐 Yes 🞐 No
 |  |
| **Other Certification Program Requested ( )**Number of Sites to be Audited? 🞐 Single 🞐 Multiple Any Prior Audits Conducted 🞐 Yes 🞐 NoIf Yes , attach audit findings |
| Accreditation: 🞐 ACCREDITED 🞐 NON-ACCREDITED  |
| Audit Mode: **🞐Physical🞐Remote 🞐Hybrid (Physical+Remote)** |
| **Scope for Certification:**  |
| BUSINESS DETAILS |
| **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, Operations, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc) |
| **Any statutory & regulatory requirements related to Products/services:** (e.g. IS 14543 for Packaged Drinking Water, FSSAI for Food products) |
| **Legal Entity Details:**GST No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIN No\_\_\_\_\_\_\_\_\_\_\_ IEC Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PAN No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIN No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Details: |
| **Main Customers:** | **Main Suppliers:** |

**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 ACPL ONLY**Reviewed By : Date:Can this Application be further processed 🞐 Yes 🞐 No |

Please send it on below address or Email:

**ACME CERTIFICATION PVT. LTD.**

**2-A/3,SECOND FLOOR (FRONT PORTION),ASAF ALI ROAD, TURKMAN GATE, NEW DELHI-110002**

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