

Management System: Request for Quotation

This Request for Quotation for Management System Certification will provide Max Certification Pvt. Ltd. (MCPL) with the necessary information to provide a quotation for certification. The information contained herein is considered proprietary and will be kept confidential by MCPL, its agents or representatives unless otherwise required by law or in the performance of the certification process as provided for within the MCPL Quality Manual.

Please complete a separate RFQ for each additional facility so that an accurate quote can be provided

General Information

Company Name:			
Address :			
Pin Code :			
Contact Name:		Position:	
Telephone:	Fax:	Email:	

Facility Information

Facility :	Number of Locations :	Approx Sq. Ft:
Number of Employees	Total:	1 st shift:
		2 nd shift:
		3 rd shift:

Product and Services Information

Major Product / Service(s)	NACE code

Management Standard

<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001	<input type="checkbox"/> ISO 13485
<input type="checkbox"/> ISO 27000	<input type="checkbox"/> ISO 50000	<input type="checkbox"/> OHSAS 18001
<input type="checkbox"/> SA 8000	<input type="checkbox"/> GMP	<input type="checkbox"/> TS 16949
Does your company have any Exclusions identified, if yes please list:		

Others

Any Other Statutory / Regulatory / Customer / Sector / Location requirement?	
List of Significant aspects / hazards and risks, relevant legal obligations?	
Name of the consultancy organization, if any, which has provided guidance for the implementation of management system for which you are seeking certification	

Multiple Facilities

****Complete the following if your company operates and wishes to register more than one location****

Does your company implemented a singular management systems for all facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will all additional facilities be covered under one certificate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will each additional facilities be covered under separate certificates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Current Certification / Certificate Information (for Certificate transfers only)

Name of Current Certification body:	Currently Surveillance audits being done: <input type="checkbox"/> Annually. <input type="checkbox"/> Semi Annually.	Expiry Date of Certificate:
Reason for Transfer:		
Is your company currently on suspension, or withdrawal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Please describe:		

Note : Once agreement is reached that MCPL is your certifying body of choice, then a copy of the previous certifying body's audit / surveillance report will be required.

General

Name of person completing this Request for Quotation		
Name	Position	Date

Send Complete Information to: info@maxcertifications.com or infomaxcert@gmail.com

Or you may send through courier to :
MAX Certifications Pvt. Ltd.
 DBS Corporate Centre, 2nd Floor,
 Raheja Chambers, Free Press Journal Road,
 213, Nariman Point, Mumbai – 400 021 (INDIA)

Environmental Information

(Must be completed by applicants of Environmental Management Systems)

Organization name:	Date
1. Please specify any environmental approvals, licenses, permits etc. which affect your operation:	
2. Have any previous environmental assessments or reviews been undertaken?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Please describe findings, (attach extra sheets if more space is required)
3. Briefly describe area of potentially significant environmental impacts (attach additional sheets if required)	3a. Air/Odour Emissions
	3b. Water Discharges
	3c. Trade Wastes
	3d. Noise / Vibration Generation
	3e. Chemical Storage
	3f. Solid / Hazardous Wastes Management
	3g. Land Degradation
	3h. Resource Use
3i. Fauna / Flora Loss	
3j. Social and Cultural – Expectations	

ADDITIONAL COMMENTS

(Please insert the Question number you are replying to)

Question #	Comment
Has to organization been convicted for any breach of Environmental legislation in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details

Occupational Health and Safety Information

(Must be completed by Occupational Health and Safety (OHS) applicants)

Organization:	Date:
1. Are Occupational Health diseases identifies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are employees health records maintained and monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What are the type of PPE used?	
4. Does the organization use Heavy Machineries> eg cranes, fork lifts, compressors, D.G. Sets, Boilers etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do employees enter into confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Do employees enter into confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the organization store explosives / hazardous chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do the site operations involve moving parts? eg conveyors, belts, flywheels etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are first aid/medical room provisions available on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In there an ambulance (for overt 500 employees) on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are Safety meetings conducted regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please provide details of Safety Officer.	
8. Please provide details of incidents (Minor Injuries)/Major Accidents in past 6 months.	
9. Has the organization been convicted for any breach of OHS legislation in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details Please note: This is a requirement for notification under OHS Standards

ADDITIONAL COMMENTS

(Please insert the question number you are replying to)

Question#	Comments
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