ECL	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:						
Phone: Fax:						
*E-mail: Website:						
*Chief Executive/MD: Mobile: Email id:						
*Contact Person Name Position: Mobile: E-mail id:						
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	Shifts	Full Time (Site 2)	Part Time (Site 2)	Shifts (Site 2)
Manufacturing/Service area						
Quality Control/Technical						
Administration						
Purchase						
HR						
Storage/Warehouse						
Design/ Maintenance						
Management						
Only for OH&SMS specific Person working on as well as working away from origination premises						
Personnel working in activities, products and services within the organization's control.						
Other						
Total Employees (Full time equivalent)						
No of Temporary Sites---------- If Yes (Attached additional sheet as per similar table for each temporary site)						
Total no of employees doing repetitive jobs _____ Employees directly involved in scope of management system …….. QMS: ……., EMS:….,OH& SMS…... Note: If more than one site, please give address/details on back of this page. (In operation at present) _____						
CERTIFICATION/S REQUESTED						

Certification Required (Please Tick): ☐ ISO 9001:2015 ☐ ISO 14001:2015 ☐ ISO 45001:2018 ☐ ISO 22000 ☐ ISO27001 ☐ ISO 50001 ☐ ISO20000-1☐ HACCP ☐ GMP ☐ Other_____
Type of Audit ☐ Certification ☐ Re- Certification ☐ Transfer Certification from other CAB
Combination 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☐ No
Other Exclusions, If any _____
Legal Obligations if any
Is 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 ☐ 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

Occupational Health & Safety Analysis System ISO 45001:2018
Number of Sites to be Audited? ☐ Single ☐ Multiple
Have you identified Hazards? ☐ Yes ☐ No
Detail all identified Critical occupational health and safety risks
Whether Incident/ Accident Register available? ☐ Yes ☐ No
Any hazards process related to OHS? ☐ Yes ☐ No
If Yes give brief detail.

Any Hazardous Material used in process ? ☐ Yes ☐ No
If Yes give brief detail.

Any specific Legal Requirement for OHS? ☐ Yes ☐ No
If Yes give brief detail.

Other Certification Program Requested ( )
Number of Sites to be Audited? ☐ Single ☐ Multiple Any Prior Audits Conducted ☐ Yes ☐ No
If Yes , attach audit findings

Accreditation: ☐NABCB

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, Manufacturing, Quality Control, Purchasing, Marketing/Sales, Maintenance , Stores, HRD etc)

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Any statutory & regulatory requirements related to Products/services:

GST No. _____CIN No_____ IEC Code :_____

PAN No. _____.

Three Main Customers:	**Three 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 ECOQUAL CERT LLP ONLY

Reviewed By : Date:

Can this Application be further processed ☐ Yes ☐ No

Please send it on below address or Email:

ECOQUAL CERT LLP

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