

## Request for Quotation / Application for Management System Certification

Please complete this questionnaire and attach any relevant supporting information describing your organisation's scope of operation.

On receipt of a completed questionnaire, EQA will prepare and submit a proposal detailing Assessment and Registration costs.

1. Company Name: \_\_\_\_\_

2. Address of site requiring registration: \_\_\_\_\_  
\_\_\_\_\_

3. Contact Name: \_\_\_\_\_ 4. Chief Executive: \_\_\_\_\_

5. Telephone No.: \_\_\_\_\_ 6. Fax No.: \_\_\_\_\_

7. E-mail: \_\_\_\_\_ 8. Website: \_\_\_\_\_

9. Do you carry out design or development work? Yes  No

10. Do you have equipment requiring routine calibration? Yes  No

11. Do you subcontract any critical elements of your process? Yes  No   
If yes, please give details (attach additional sheet, if necessary)

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12. Do you operate to any industry specific Regulations? Yes  No   
If yes, please give details (attach additional sheet, if necessary)

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13. Have you received any industry awards (Excellence through people etc.)? Yes  No   
If yes, please give details

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14. Are you audited by any 2<sup>nd</sup> parties (Supplier, Customer, Distributor etc.) Yes  No   
If yes, please give details

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15. Please indicate the management system standard applicable to your organisation

ISO 9001:2008  
(Quality Management System)

ISO 14001:2004  
(Environmental Management System)

ISO 22000:2005  
(Food Safety Mgt. Sys.)

OHSAS 18001:2007  
(Occupational Health & Safety Mgt. Sys.)

16. Are you already certified to any of the above standards? Yes  No   
If yes, which

17.	Number of Employees	Directors / Partners	<input type="text"/>
		Managers / Supervisors	<input type="text"/>
		Admin	<input type="text"/>
		Sales	<input type="text"/>
		Technical / Service	<input type="text"/>
		Warehouse / Stores	<input type="text"/>
		General Operatives	<input type="text"/>
		Others	<input type="text"/>
		Total Staff Level	<input type="text"/>

18. Is shift work in operation?      YES       No

If other sites or branches require inclusion within the registration, please provide details of locations, activity and employees on a separate sheet.

19. Please describe your organisations process, for the purpose of scope registration.

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20. Where did you hear of EQA (Ireland) Ltd.? \_\_\_\_\_

21. Name of Consultant used (if any): \_\_\_\_\_

**Please return the completed questionnaire together with a copy of your Organisational Chart to:**

EQA (Ireland) Ltd.  
15 Greenmount Office Park,  
Harolds Cross  
Dublin 6W, Ireland.  
Tel: 01- 4734188 Fax: 01- 4734191  
E-mail: [info@eqa.ie](mailto:info@eqa.ie)