

QUALITY MANAGEMENT SYSTEMS QUOTE REQUEST FORM



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Please provide the following information to enable us to confirm the costs of ISO 9001 registration.

1) Organisation details:

Company name:

Company number:

Main site address:

Postcode: Tel: Fax:

Web site:

Contact name:

Job title:

E-mail:

Tel: Mobile:

2) Details of head office and branches/agencies:

Address and postcode:	No. of shifts	1	2	3	4	Total no. of employees
		Number of staff in shift				
Head office: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 1: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 2: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 3: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 4: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch 5: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please continue on separate sheets as necessary)

Total no. of employees *:

*Where part time workers or contracted workers are employees, please provide full time equivalent, (e.g. 10 persons x 4 hrs / normal working hours)

3) How long has your management system been in place?

4) What activities are to be covered by your certification (scope)?

5) Are you?

a. A new NQA client

 Yes No

b. A transferring client

 Yes No

If a transferring client, please provide details of previous registration(s):

Note: Copies of current certificates of registration and previous audit reports will need to be supplied.

c. Extending your scope?

 Yes No

If yes, please provide details of the new scope:

d. Have you previously been registered with NQA?

 Yes No

6) Do you undertake design activity?

 Yes No

Staff number engaged on design activity:

If yes please provide details:

7) Do you provide installation or other client site works?

 Yes No

8) Do you have out sourced activities?

 Yes No

Please provide details of out sourced activities:

9) Please list the ISO 9001 clauses that have been excluded from the system and the reason why:

10) Do you have a target assessment date?

11) Organisational and process complexity:

- Does the organisation have a simple structure with vertical lines of management communication and few decision makers? Yes No
- Is the management system highly complex with numerous specific processes?
(e.g. a manufacturer where each process is critical to the end product may have many procedures and references to legislative and regulatory documentation) Yes No
- Are there a large number of the employees completing a similar simple task(s)?
(e.g. manned guarding, commercial cleaning, similar assembly lines) Yes No
- Is the organisation highly regulated by external agencies?
(typical industry sectors would be food preparation, aerospace, automotive, electricity generation & gas/oil production etc) Yes No
- Do stakeholders have specific expectations of the organisation?
(e.g. security, health/safety inspections, dangerous waste processing etc) Yes No
- Does the organisation work within/operate areas having strict security controls?
(e.g. chemical plants, oil/gas refineries, electricity generating stations etc) Yes No
- Are the organisation's operations managed as part of or influenced by a larger organisation's management system?
(e.g. controlled by parent company or heavily influenced by local/central government etc) Yes No
- Are there any other factors which affect the complexity of the organisation's management and processes? Yes No

If you have answered yes to any of the above questions please provide details below:

12) Combined and integrated management systems:

Do you require the auditing of your quality management system to form part of a combined audit with other management system standards? Yes No

If yes, please provide details of other integrated management systems:

If yes, are your management systems fully integrated? Yes No

13) Consultant use:

Will you be using a consultant to help you implement/manage the Quality Management System? Yes No

(If yes, please complete their details below).

Consultant name:

Address:

E-mail:

Tel: Fax:

14) Completed by:

Date: Company: Name:

15) Where did you hear about NQA?

- | | |
|---|--|
| <input type="checkbox"/> By recommendation from consultant | <input type="checkbox"/> Via NQA's web site www.nqa.com |
| <input type="checkbox"/> By recommendation from another company | <input type="checkbox"/> You are an existing NQA client |
| <input type="checkbox"/> From an editorial | <input type="checkbox"/> From an exhibition |
| <input type="checkbox"/> From an advert | <input type="checkbox"/> Via a search engine: e.g. Google |
| <input type="checkbox"/> Other (please specify) | |

Please provide further details below:

If you have any problems completing this questionnaire please call 08000 522424 or email sales@nqa.com

[Click here to send via email](#)

Or print and send to: **NQA Sales, Warwick House, Houghton Hall Park, Houghton Regis, Dunstable, Bedfordshire LU5 5ZX, UK**

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