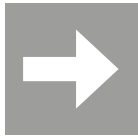




FOOD SAFETY QUOTE REQUEST FORM



INSTRUCTIONS FOR COMPLETION:

Please ensure when completing this form it is downloaded and saved locally before completing. This interactive PDF should be opened and completed in Adobe Reader/Acrobat before resaving and returning to NQA.

IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN THE NQA [MULTI-SITE SUPPLEMENT QUESTIONNAIRE](#).

1. Organisation details:

Company name (Legal entity requiring certification): Country:

Main office address:

Postcode: Website:

Contact name:

Job title:

Email:

Direct dial: Mobile:

2. Which management systems standards are you requiring certification for? (Tick all that apply)

ISO 9001:2015 (Quality) Complete Section A	<input type="checkbox"/>	ISO 22000:2018 (Food safety) Complete Section B	<input type="checkbox"/>	FSSC 22000 (Food Safety) Complete Section B	<input type="checkbox"/>
HACCP (Hazard Analysis and Critical Control Points) - Unaccredited Complete Section B	<input type="checkbox"/>	GMP (Good Manufacturing Practices) - Unaccredited Complete Section B	<input type="checkbox"/>	Transferring your Certification Complete Section C	<input type="checkbox"/>

3. Do you currently hold any other third party certification (e.g. ISO 9001) or registration including any GFSI recognised schemes?

Yes No

If yes, please detail:

4. Integrated management systems:

Is your management system integrated with other standards and to what extent?

For further detail on integration approaches within management system standards, please [click here](#).

5. Please provide details of the breakdown of your employees at this location:

	Core hours	Shift 1	Shift 2	Shift 3	Total no. of employees
No. of staff:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please detail the processes and activities at this site:

Please detail the activities your employees conduct and the number involved in each task (e.g. maintenance, office based, production):

Task	Employees	Task	Employees	Task	Employees
Sales	<input type="text"/>	Operations/Delivery – office/site based	<input type="text"/>	R&D	<input type="text"/>
Marketing	<input type="text"/>	Operations/Delivery – field based	<input type="text"/>	Management	<input type="text"/>
Finance	<input type="text"/>	Compliance	<input type="text"/>	Other	<input type="text"/>
HR	<input type="text"/>	Maintenance	<input type="text"/>		
Total no. of employees:	<input type="text"/>				

If you have more than 1 site please download, complete and return an [NQA Multi-Site Supplement Questionnaire](#).

Where part time workers or seasonal workers are employed, please provide full details below:

6. Are you?

	Yes	No		Yes	No
A new client?	<input type="checkbox"/>	<input type="checkbox"/>	Expanding your scope of certification?	<input type="checkbox"/>	<input type="checkbox"/>
An existing NQA client?	<input type="checkbox"/>	<input type="checkbox"/>	Adding a standard to your certification?	<input type="checkbox"/>	<input type="checkbox"/>
A transferring client?	<input type="checkbox"/>	<input type="checkbox"/>	Adding a site to your certification?	<input type="checkbox"/>	<input type="checkbox"/>

7. Requested scope of certification:

Note: The scope should explain succinctly the purpose and output covered by the management system; it should describe what the organisation does, not how it does it (e.g. the provision of architectural design services, or Information security management for...).

8. Do you provide installation, contract site works or undertake your business activity at client locations?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

9. Do you have outsourced or subcontracted activities?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of any externally provided processes, products and services:

Yes No

10. Do you have any seasonal products/activities?

If yes, please detail:

Yes No

11. Does the organisation have a simple structure with vertical lines of management communication and few decision makers?

Yes No

12. Does the organisation have staff speaking in more than one language and/or use an interpreter?

If yes, please specify which language/s:

13. Do you have a target assessment date?

14. At what stage of implementation are you in?

Researching Implementing System in place Already certified

15. Consultant use:

Yes No

Are you using a consultant to help you implement/manage the management system?

Consultancy name/contact info:

16. Where did you hear about NQA's service? (Tick all that apply)

Existing client Event (exhibition or virtual) Social media
Consultant recommendation Promotional email Advertising campaign
Professional recommendation NQA website Search engine (Google)

Other (please specify)

Please ensure that the following sections of this form are also completed (as appropriate).
PLEASE CLICK BELOW TO GO DIRECTLY TO THE RELEVANT SECTION:

If you have any problems completing this form please call 0800 052 2424 (option 2) or email sales@nqa.com

If you choose to give us any personal information (for example your e-mail address) we will treat this information in line with our privacy notice which can be located here: <https://www.nqa.com/en-gb/privacy>. We will only use the information provided to respond to your enquiry and provide you with any information or materials requested. By submitting this information you are requesting a quote for services from NQA and a subsequent quote letter will be issued to you based on the information provided within this form.



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SECTION A - QUALITY

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. Do you undertake design and development of products and services?

Yes No

If yes, please detail the number of staff engaged in design activities:

SECTION B - FOOD SAFETY

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. Please list all products produced within your company and include a process flow highlighting the critical control points (if any):

2. Do you currently hold any other third party certification, or registration including to GFSI recognised schemes?

Yes No

If yes, please provide details:

3. Do you require a transition audit from HACCP, ISO 22000 or a GFSI recognised scheme to FSSC 22000?

Yes No

If yes, please provide details:

4. Please detail the number of HACCP studies included within the scope:

(e.g. family of products with similar hazards and similar production technology)

5. Breakdown of HACCP studies included within the scope:

6. Do you carry out 'in house' or external laboratory testing or any research?

In house Both
External None

If yes, please provide details and/or describe analysis conducted:

7. Do you have any offsite storage facilities to be included within your scope?

Yes No

If yes, please provide details:

8. Number of production lines:

9. Please detail any products, processes or activities that are to be excluded from the scope of this certification?

10. Do you make any claims on your products? (e.g. Free From, Organic, Fairtrade)

11. Please list any legal or regulatory approvals required for your products/customers:

12. Does your infrastructure support computer assisted techniques (if required)?

Yes No

13. When will you be ready for stage one review?

ANSWER THE FOLLOWING QUESTIONS IF YOU WISH TO TRANSFER YOUR CERTIFICATION FROM YOUR CURRENT CERTIFICATION BODY.

Please complete one transfer set of questions per certificate you wish to transfer to NQA.

1. Certificate details:

Certificate number	Standard	Valid until date	Certification Body
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Reason for transferring:

3. Are your certifications currently active?

Yes No

4. Have any complaints been raised against your organisation to your certification body, or is a regulatory body currently engaged with or investigating you in relation to activities you are certificated for? (e.g. HSE for health and safety breaches)

Yes No

If yes, please provide more information:

5. Please detail the number of open major and/or minor non-conformities on this certificate:

No. of minors	No. of majors
<input type="text"/>	<input type="text"/>

If one or more, please provide details:

6. How frequently do you receive audits from your current certification body?

Annually 6 monthly Other

7. Please detail your last audits up to and including the latest recertification or stage 2 audit:

Audit type (Surveillance/Recert/Stage 2/Special)	Audit duration	Audit date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

To support your transfer please provide the following:

- Copies of your certificates
- Audit reports for all audits conducted up to and including your last Recertification or Stage 2 audit
- Corrective action plan(s) for any non-conformances

If the required supporting documents are not provided a transfer may not be possible. NQA will contact your existing certification body to verify the validity of your certification. **Please note:** Do not cancel your certification with your existing certification body until the transfer process has been completed by NQA and you have received an NQA Certificate.