

COVID SECURE GUIDELINE VERIFICATION QUOTE REQUEST FORM

1. Organisation details:

Company name:	Company number:
Main office address:	
Postcode:	Telephone:
Website:	
Contact name:	
Job title:	
Email:	
Direct dial:	Mobile:

2. Details of site requiring verification:

Site address and postcode:		Core Hours	Shift 1	Shift 2	Shift 3	Total no. of employees*
	No. of staff:					
	Processes/ activities at this site:					

If you have more than one site requiring verification, please complete the NQA COVID SECURE Multi-site Verification spreadsheet.

Please detail the total number of sites you have:

3. Are you?

Yes No

a) An existing NQA client?

4. Do you have management systems certification in place? If so, please detail below:

Certificate number	Standard	Valid until date	Certification body

	Do you provide installation, contr activity at client locations?	ract site works or undertake your bu	isines	S Yes	;	No
6.	Do you have outsourced or subc	ontracted activities?		Yes		No
Pleas	Please provide details of outsourced or subcontracted activities:					
7. F	Please detail the activities of your	r organisation:				
		•				
3. V	/hich of the following governmen	t guidelines do you wish to be verifi	ed ag	ainst?		
	Construction and other outdoor work	Factories, plants and warehouses		Labs and resea	rch facilities	
	Offices and contact centres	Other people's homes		Restaurants, pu	ıbs, bars, tak	eaways
	Shops and branches	Vehicles		Heritage locatio	ons	
	Hotels and other guest accommodation	The visitor economy		Close contact s	ervices	
	Performing arts	Providers of grassroots sport and gym/leisure facilities				
9. V	/hat operational stage is your bu	siness currently operating at?				
	Planning to restart operations	Partially restarted operations	F	ully operational		
10. Please determine the frequency with which your organisation			Never	Infrequently	Frequently	Consta
Pleas	(and its activities) are public fac	ing?				
10000						
	Given normal working practices how often will you be unable to b		Never	Infrequently	Frequently	Consta
	social distancing practices (e.g.2					
Pleas	e provide details below:					
12	Describe the level of proximity o	f individuals in common	Limited	Low	Moderate	High
	social areas (e.g canteen, recept				wouerale	Figh
Pleas	e provide details below:					

13. Describe the frequency that equipment will be shared by more than one employee:

Never Infrequently Frequently Constant

Please provide details below:

14. Do you have a target verification date?

15. Completed by:

Name:	
Job title:	

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

Existing client	Consultant	NQA's web site	
Recommendation from another company	Search engine: e.g. Google	Trade press	
Exhibition	Social media		
Other (please specify)			

If you have any problems completing this form please call 0800 052 2424 or email info@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.

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



Contact us

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