

COVID SECURE GUIDELINE VERIFICATION QUOTE REQUEST FORM

Organisation details: Company number: Company name: Main office address: Postcode: Telephone: Website: Contact name: Job title: Email: Mobile: Direct dial: **Details of site requiring verification:** Core Total no. of Shift 1 Shift 2 Shift 3 Site address and postcode: Hours 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? Do you have management systems certification in place? If so, please detail below: Valid Until Date Certificate Number Standard Certification Body

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Э.	activity at client locations?	mtract site works or undertak	te your business	Yes 1	No		
6.	Do you have outsourced or su	ocontracted activities?		Yes 1	No No		
Plea	se provide details of outsourced or subcontr	acted activities:					
7.	Please detail the activities of y	our organisation:					
8. \	Vhich of the following governm	ent guidelines do you wish t	o be verified against?				
	Construction and other outdoor work	Factories, plants and warehous	es Labs and res	Labs and research facilities			
	Offices and contact centres	Other people's homes	Restaurants	Restaurants offering takeaway or delivery			
	Shops and branches	Vehicles					
9. \	Vhat operational stage is your	ousiness currently operating	at?				
	Planning to Restart Operations	Partially Restarted Operations	Fully Operati	onal			
10	Please determine the frequen (and its activities) are public to		ion Never Infrequ	uently Frequently	Constant		
Plea	se provide details below:	acing:					
11. Given normal working practices and working environment, how often will you be unable to be rigid in implementing social distancing practices (e.g 2 meters apart):			Never Infrequ	uently Frequently	Constant		
ried	se provide details below:						
12	Describe the level of proximity social areas (e.g canteen, rec		Limited Lo	w Moderate	High		
Plea	se provide details below:						
13	Describe the frequency that e more than one employee:	quipment will be shared by	Never Infrequ	uently Frequently	Constant		
Plea	se provide details below:						

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13. Do you have a target verification date?												
14. Completed by:												
Name:												
Job title:												
15. Where did you hear about NQA's service? (Tick all that apply):												
Existing client	Consult	ant		NQA's web site								
Recommendation from another company	Search	engine: e.g. Google		Trade press								
Exhibition	Social r	nedia										
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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