

MANAGEMENT SYSTEMS QUOTE REQUEST FORM



Instructions for completion

Please provide the following information to enable us to confirm the costs of Food Safety certification.

IF YOU HAVE MORE THAN ONE LOCATION PLEASE CONTACT NQA FOR A SITE SUPPLEMENT SPREADSHEET.

1. Organization details:

Company name: Company number:

Main office address:

Postcode: Telephone:

Website:

Contact name:

Job title:

Email:

Direct dial: Mobile:

2. To which management systems standards are you requiring registration? (please tick)

ISO 22000:2005 (Food) Complete Section B	<input type="checkbox"/>	ISO 22000:2018 (Food) Complete Section B	<input type="checkbox"/>	FSSC 22000 (Food) Complete Section B	<input type="checkbox"/>
HACCP - Unaccredited (Food) Complete Section B	<input type="checkbox"/>	GMP - Unaccredited (Food) Complete Section B	<input type="checkbox"/>	ISO 9001:2015 (Quality) Complete Section C	<input type="checkbox"/>
ISO 14001:2015 (Environmental) Complete Section D	<input type="checkbox"/>	ISO 45001:2018 (H&S) Complete Section E	<input type="checkbox"/>	OHSAS 18001:2007 (H&S) Complete Section E	<input type="checkbox"/>

3. Integrated management systems:

	Yes	No
Do you require the auditing of your management system to form part of an integrated audit with other management system standards. To what extent is your management system integrated?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, which standards would be integrated:

The management system has an integrated approach to:

	Yes - Full	Yes - Partial	No		Yes - Full	Yes - Partial	No
Document sets including work instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management reviews considering overall business, strategy and aspects relating to the standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improvement mechanisms (such as CAP, measurement etc)strategy and aspects relating to the standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management support and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

4. Details of main office and branches:

Main office address and postcode:

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"/>
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Processes/activities at this site:

Number of staff in similar roles: (eg. number of sales personnel, number of engineers etc.):

If you have more than 1 branch please contact us to request the NQA Site Supplement Spreadsheet

Total no. of employees*:

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

5. Are you?

Yes No

a) A new NQA client?

<input type="checkbox"/>	<input type="checkbox"/>
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b) Expanding your scope of certification?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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c) A transferring client?

<input type="checkbox"/>	<input type="checkbox"/>
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d) Have you previously been registered with NQA?

<input type="checkbox"/>	<input type="checkbox"/>
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6. Transferring your certification

Please answer the following questions if you wish to transfer your certification from your current certification body to NQA. If you are not transferring certification please skip to question 8.

Please state for each certificate you wish to transfer: the certificate number, standard, valid until date and issuing certification body.

Certificate Number

Standard

Valid Until Date

Certification Body

<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"/>

Yes No

Are your certifications currently active and are not in suspension or withdrawal?

<input type="checkbox"/>	<input type="checkbox"/>
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Have any complaints been raised against your organization to your certification body?

<input type="checkbox"/>	<input type="checkbox"/>
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Is a regulatory body currently engaged with or investigating you in relation to activities you are certificated for (eg. HSE for health and safety breaches)

<input type="checkbox"/>	<input type="checkbox"/>
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7. Your current audit program

Do you have any major non-conformities for which your current certification body has not verified the implementation of your corrections and corrective actions? Yes No

Do you have any minor non-conformities for which your current certification body has not yet accepted your corrective action plans?

How frequently do you receive audits from your current certification body: Annually 6 Monthly Other

Please detail your last audits upto 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

If the required supporting documents are not provided a transfer may not be possible. Please note that 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.

8. Requested scope of certification:

Note: The scope should explain succinctly the purpose and output covered by the management system; it should describe what the organization does, not how it does it. E.g. The manufacturing, packaging and transport of ready meals.

9. Do you have outsourced or subcontracted activities? Yes No

Please provide details of outsourced or subcontracted activities:

10. Do you have a target assessment date?

11. At what stage of implementation are you in?

Researching Implementing System in place Already certified

12. Consultant use:

Yes No

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

(If yes, please complete their details below, or contact NQA to be referred to a consultant.)

Consultancy name:

Contact name:

Email:

Telephone:

Postcode:

13. Completed by:

Name:

Job title:

14. 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)

Please ensure that sections **B**, **C**, **D** and **E** of this form are also completed (as appropriate)

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

NQA, Warwick House, Houghton Hall Park, Houghton Regis, Dunstable, Bedfordshire LU5 5ZX, UK

T: 0800 052 2424

E: info@nqa.com

www.nqa.com

SECTION B - FOOD SAFETY

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

2. Please list the number of employees in each area:

	Full Time	Part Time
Manufacturing	<input type="text"/>	<input type="text"/>
Quality Control / Technical	<input type="text"/>	<input type="text"/>
Administration	<input type="text"/>	<input type="text"/>
Storage / Warehouse	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>
Total Employees	<input type="text"/>	<input type="text"/>

3. Are there any seasonality factors that can affect your activity, if so, please specify:

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

Yes

No

If yes please provide details:

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

Yes

No

6. Number of HACCP studies included within the scope:

(Family of products with similar hazards and similar production technology)

7. Number of production lines:

8. Do you carry out 'in house' or external laboratory testing or and research?

In House

External. if this is ticked, include details:

Both

None

If yes, please describe analysis conducted:

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

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

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

Yes

No

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

Date:

SECTION C - QUALITY

Only complete this section if applying for certification against this standard.

1. How long has your quality management system been in place?

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

Yes

No

Number of staff engaged in design activity:

3. Please list the requirements of ISO 9001 that you do not deem applicable to the proposed scope of the management system:

Clause:

Reason:

SECTION D - ENVIRONMENT

Only complete this section if applying for certification against this standard.

1. How long has your environmental management system been in place?

Please complete the following questions (3-9) considering ALL locations applying for certification.

2. Permits to operate:

Are your operations subject to an authorisation/permit/licence/registration from a regulatory body?
(e.g. environmental permit, hazardous waste producer registration, abstraction licences, registered waste or water discharge exemptions, etc.)

Yes No

If yes, please provide details (including permit/licence/registration numbers):

Numbers and which location(s) this applies to:

3. Discharges to water/sewer:

Do you produce any industrial effluent (other than domestic sewage and surface water)?

Frequently Occasionally Never

If yes, please provide details, including which location(s) this applies to:

4. Waste:

Do you produce hazardous, special or clinical waste?

Frequently Occasionally Never

If yes, please provide details, including which location(s) this applies to:

5. Noise and nuisance:

Have you had complaints with respect to noise or other nuisances (smoke, dust, fumes, odours or other escapes) from your premises?

Frequently Occasionally Never

If yes, please provide details, including which location(s) this applies to:

Details, including which location(s) this applies to:

6. Incidents/prosecutions:

Have you had any environmental incidents leading to high clean-up costs or a breach of legislation (including prosecution)?

Yes No

If you have answered yes to any of the above questions, please provide details, including which location(s) this applies to:

7. Site sensitivity:

Are there any surface waters (rivers, lakes, streams, etc.) or boreholes within or adjacent to the site boundaries?

Yes No

Is your site overlying groundwater of significance (e.g. major / minor aquifer)?

Yes No

Do you have listed buildings (Grade I, Grade II*, Grade II) or archaeological sites (tumuli, burial mounds etc.) on site?

Yes No

Is the site within or adjacent to any designated nature conservation sites including Site of Special Scientific Interest (SSSI), National Park, or Special Areas of Conservation?

Yes No

Are there any other conservation issues at the site?

Yes No

Is there evidence to suggest land contamination requiring clean-up is present at the site?

Yes No

If you have answered yes to any of the above questions, please provide details, including which location(s) this applies to:

SECTION E - HEALTH & SAFETY

Only complete this section if applying for certification against this standard.

1. If you are applying for SSIP please identify which role(s) you would like approving against:

Designer Principal Designer Contractor Principal Contractor Non-construction

2. How long has your health and safety management system been in place?

3. Please provide details of the hazards associated with your activities:

Hazards	Please Tick	Please detail which processes these hazards relate to?
Working with asbestos	<input type="checkbox"/>	<input type="text"/>
Working with explosives	<input type="checkbox"/>	<input type="text"/>
Working with and storage of flammable substances	<input type="checkbox"/>	<input type="text"/>
Transport of dangerous goods	<input type="checkbox"/>	<input type="text"/>
Underwater diving at work	<input type="checkbox"/>	<input type="text"/>
Working with materials at extreme temperatures	<input type="checkbox"/>	<input type="text"/>
Working with dangerous animals	<input type="checkbox"/>	<input type="text"/>
Working in proximity to water (risk of drowning)	<input type="checkbox"/>	<input type="text"/>
Working with gas	<input type="checkbox"/>	<input type="text"/>
Working with ionising radiation	<input type="checkbox"/>	<input type="text"/>
Working with lifting equipment and lifting operations	<input type="checkbox"/>	<input type="text"/>
Working with biological hazards	<input type="checkbox"/>	<input type="text"/>
Working in proximity to moving vehicles	<input type="checkbox"/>	<input type="text"/>
Food preparation for other parties	<input type="checkbox"/>	<input type="text"/>
Working in compressed air (risk of decompression illness)	<input type="checkbox"/>	<input type="text"/>
Working at heights	<input type="checkbox"/>	<input type="text"/>
Working in confined spaces	<input type="checkbox"/>	<input type="text"/>
Working with pressure systems	<input type="checkbox"/>	<input type="text"/>
Use of lead and heavy metals at work	<input type="checkbox"/>	<input type="text"/>
Working with fumes/gasses/dust	<input type="checkbox"/>	<input type="text"/>
Working with chemical hazards	<input type="checkbox"/>	<input type="text"/>
Use of work equipment (PUWER)	<input type="checkbox"/>	<input type="text"/>
Other (please specify)	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

4. Please identify the main hazardous materials associated with your processes and provide details:

5. Radioactive and dangerous substances:

Do you keep, use, accumulate or dispose of radioactive substances?

Yes No

Does your business handle, produce, use or store dangerous substances (including toxic, oxidising, explosive, flammable, etc.) in large quantities and could therefore be subjected to COMAH (Control of Major Accident Hazards)?

Yes No

If you have answered yes to any of the above questions, please provide details, including which location(s) this applies to:

6. Are there members of the public present at your organization's sites?

Yes No

If yes please specify which sites:

7. Please provide details of legislation, regulations, obligations and guidance notes applicable to the business:

(e.g. Construction Design and Management Regulations, Control of Major Accident Hazards Regulations, etc.)

8. Have you had any incidents leading to or pending prosecution/insurance claims/enforcement notices in the last five years?

Yes No

If yes, please provide details:

9. Please provide a description of any formal involvement with a competent regulatory authority (e.g. HSE in the UK):

10. Please state accurately all injuries, diseases and dangerous occurrences (RIDDOR) for the past 12 months:

Number of reportable injuries: Fatal Major Over seven days

Number of reportable dangerous occurrences: Number of reportable accidents involving a member of the public:

Details of reportable diseases:

Details of reportable injuries:

Note: Disclosure of information is a requirement for contractual obligation. The applicant may be contacted before issue of a quotation.

11. Are there any additional personnel that are not detailed in your employed personnel number (e.g. contractors / subcontractors personnel) performing work or work-related activities under the control or influence of the organization's OHSMS system?

Yes No

If yes, please state how many:

12. Please provide a brief description of subcontract activities (if necessary):