MANAGEMENT SYSTEMS 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.

IF YOU ARE LOOKING TO TRANSFER YOUR EXISTING ISO CERTIFICATE FROM ANOTHER CERTIFICATION BODY, PLEASE COMPLETE PAGE 4.

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)

Transferring your Certification **Complete Page 4**	ISO 9001:2015 (Quality) **Complete Section A**	ISO 14001:2015 (Environmental) **Complete Section B**
ISO 45001:2018 (H&S) **Complete Section C**	SSIP (Safety Systems in Procurement) **Complete Section C**	ISO 50001:2018 (Energy) **Complete Section D**
ISO 13485:2016 (Medical Devices) **Complete Section E**	ISO 44001:2017 (Collaborative) **Complete Section F**	ISO 55001:2014 (Asset) **Complete Section G**
ISO 22301 (BCMS) **Complete Section H**	NHSS (National Highways Sector Scheme) **Complete Section I**	

3. Integrated management systems:

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

Yes - full | Yes - partial | No

If Yes (Full or Partial) please provide details to justify your response:

For further detail on integration approaches within management system standards, please click here.

4. 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:					

Please detail the processes and activities that are conducted on each shift and confirm the specific shift times:

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		Operations/Delivery – office/site based		R&D	
Marketing		Operations/Delivery – field based		Management	
Finance		Compliance		Other	
HR		Maintenance			
Total no. of employees:					

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:

5. Are you?

	Yes	No		Yes	No
A new client?			Expanding your scope of certification?		
An existing NQA client?			Adding a standard to your certification?		
A transferring client?			Adding a site to your certification?		

6. 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...).

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

Yes ☐ No ☐

8. Do you have outsourced or subcontracted activities?

Yes ☐ No ☐

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

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

Yes ☐ No ☐

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

Yes ☐ No ☐

If yes, please specify which language/s:

11(a). Would you prefer a blended / remote audit? Yes ☐ No ☐

11(b). If yes, are you able to virtually share key documents and facilitate web meetings? Yes ☐ No ☐

11(c). Do you have any special security or confidentiality requirements that will prevent the sharing of essential information, virtually? Yes ☐ No ☐

12. Do you have a target assessment date?

13. At what stage of implementation are you in?

Researching ☐ Implementing ☐ System in place ☐ Already certified ☐

14. Consultant use:

Are you using a consultant to help you implement/manage the management system? Yes ☐ No ☐

Consultancy name/contact info:

15. 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:

Transferring Your Certification	**A** - ISO 9001:2015 (Quality)	**B** - ISO 14001:2015 (Environmental)
C - ISO 45001:2018 (H&S)	**C** - SSIP (Safety Systems in Procurement)	**D** - ISO 50001:2018 (Energy)
E - ISO 13485:2016 (Medical Devices)	**F** - ISO 44001:2017 (Collaborative)	**G** - ISO 55001:2014 (Asset)
H - ISO 22301 (BCMS)	**I** - NHSS (National Highways Sector Scheme)	

CLICK HERE TO SUBMIT VIA EMAIL

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.

TRANSFERRING YOUR CERTIFICATION

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

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

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

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.

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION A - ISO 9001:2015

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

	Yes	No
1. Do you undertake design and development of products and services?		

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

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION B - ISO 14001:2015

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

Please complete the following questions considering ALL locations applying for certification.

1. 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):

2. Discharges to water/sewer:

Do you produce any industrial effluent (other than domestic sewage and surface water)? Frequently ☐ Occasionally ☐ Never ☐

3. Waste:

Do you produce hazardous, special or clinical waste? Frequently ☐ Occasionally ☐ Never ☐

4. 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 ☐

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

5. Incidents/prosecutions:

Have you had, including significant stakeholder complaints any environmental incidents leading to high clean-up costs or a breach of legislation (including prosecution)? Yes ☐ No ☐

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

6. Are any of the following site specific issues relevant?

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

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION C - ISO 45001:2018

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

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

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

4. 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:

5. Are there members of the public present at your organisation's sites? Yes No

If yes, please specify which sites:

6. 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.

7. Please provide a description of any formal involvement with a competent regulatory authority:

E.g. HSE in the UK

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 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.

10. 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 organisation's system? Yes No

If yes, please state how many:

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION D - ISO 50001:2018

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN THE NQA MULTI-SITE SUPPLEMENT QUESTIONNAIRE.

Number of EnMS effective personnel on site:	
Role(s) of EnMS personnel:	
Processes/activities of site:	
Annual energy consumption (Terajoules):	
Energy types and associated %: (e.g. Electricity 40%, Gas 40%, Oil 20%)	
Significant energy uses:	
Energy regulations applicable to site:	

For additional guidance on how to complete this section please click here.

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION E - ISO 13485:2016

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. What is your product?

2. What is the intended use of your product?

3. Do you undertake design and development of the products and services?

Yes ☐ No ☐

4. Are your products sterile?

Yes ☐ No ☐

If yes, please provide details of sterilization method:

When/how was the sterilization conducted? ☐ During production ☐ Outsource ☐ Intend for end-user sterilization

Sterilization methods	Please tick	Details
Ethylene oxide gas, (e.g. ethylene oxide gas sterilization):	☐	
Moist heat (e.g. pressure steam sterilizer):	☐	
Aseptic processing (e.g. sterilization by boiling; disinfection; ozone disinfection):	☐	
Radiation sterilization (e.g. gamma, x-ray, electron beam):	☐	
Sterilization method other than specified above	☐	

5. Is software used in the product?

Yes ☐ No ☐

If yes, please provide details for software:

As an independent medical used software? Yes ☐ No ☐

As a component part of the finished medical device? Yes ☐ No ☐

As an embedded part of the finished medical device? Yes ☐ No ☐

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

Yes ☐ No ☐

If yes, please provide details:

7. Is your product/service a part or the service of a medical device?*

Yes ☐ No ☐

***If yes, please complete the below questions, if no please move to question 8.**

Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labelling)	Yes ☐	No ☐
Is the product intended to be a component/part of a medical device?	Yes ☐	No ☐
Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabelling, remanufacturing of other medical devices)?	Yes ☐	No ☐
Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices?	Yes ☐	No ☐
Does the product contain software developed by client organization or a supplier?	Yes ☐	No ☐
Is the product supplied sterile?	Yes ☐	No ☐

8. Please list below legal obligations relevant to the proposed scope of certification:

9. Please list the requirements of ISO 13485 that you do not deem applicable to the proposed scope of the management system:

Clause	Reason

10. Organisational and process complexity:

Does the organisation have a large product range and/or complexity of medical device?	Yes ☐	No ☐
Does the organisation use suppliers to supply processes or parts that are critical to the function of the medical device and/or the safety of the user or finished product?	Yes ☐	No ☐
Does the organisation install products on the customer's premises?	Yes ☐	No ☐
Does the organisation have poor regulatory compliance?	Yes ☐	No ☐
Does the organisation have multiple shifts/a number of production lines?	Yes ☐	No ☐
Does the organisation have no production (e.g. wholesale, retail, transportation or maintenance of equipment?	Yes ☐	No ☐
Does the organisation reduce the production range since last audit?	Yes ☐	No ☐

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

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION F - ISO 44001:2017

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

1. Please provide the details below of the relationships you would like certificating:

	Collaborative Business Relationship to be certified	Number of employees involved in the Collaborative Business Relationship	Details of the Collaborative Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION G - ISO 55001:2014

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

IF YOU ARE A MULTI-SITE CLIENT PLEASE DETAIL ON A SEPARATE SHEET THE ASSET GROUPS PERTAINING TO EACH SITE, UNLESS THESE ARE UNIFORM ACROSS ALL SITES

1. Please confirm which version if ISO 55001 you require certification to:

☐ ISO 55001:2014 ☐ ISO 55001:2024

2. Please list the different categories of Asset Groups below (use a separate sheet if necessary):

	Asset group name	Asset group description	Company asset?	Client asset?
e.g.	*Vehicle Fleet*	*Lorries within vehicle fleet*		
1				
2				
3				
4				
5				

3. Please select the most appropriate description applicable to your scope of AMS:

The asset portfolio is a complex networked system of assets. It is a highly interdependent system. ☐

The asset portfolio is complex, but has discrete locations with partially interdependent systems. ☐

The asset portfolio is at a discrete location with independent functional systems. ☐

4. Please select the most appropriate description applicable to the criticality of your business assets within the scope of your AMS:

High impact on business and stakeholders of asset failure. ☐

Medium impact on business and stakeholders of asset failure. ☐

Low impact on business and stakeholders of asset failure. ☐

5. Are there significant business continuity and supply chain risks?

Yes ☐ No ☐

If yes, please provide details:

6. Are there any statutory requirements for recording financial and non-financial information relevant to asset management, risk management, management of change, complexity of the outsourced processes etc.

Yes ☐ No ☐

If yes, please provide details:

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION H - ISO 22301

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

IF YOU ARE A MULTI-SITE CLIENT PLEASE DOWNLOAD, COMPLETE AND RETURN THE NQA MULTI-SITE SUPPLEMENT QUESTIONNAIRE.

1. Please provide a list of departments that are within the proposed scope of your BCMS and the functions/processes for which they are responsible:

(E.g. Finance, Personnel, Operations, Development, Manufacturing etc, giving an indication of the scope and extent of those activities.)

2. Do the functions and activities detailed above depend on outsourced activities or those supplied by out-of-scope departments?

(E.g. IT, Payroll, Manufacturing etc. If so, describe the type and degree of dependency below.)

3. Does your organisation provide staff who work permanently on customer or third party sites?

Yes ☐ No ☐

If yes please provide details:

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT

SECTION I - NHSS

ONLY COMPLETE THIS SECTION IF APPLYING FOR CERTIFICATION AGAINST THIS STANDARD

NHSS - NATIONAL HIGHWAYS SECTOR SCHEME

Please select the following schemes you wish to apply for under NHSS. Please note NQA can only audit this as a combined audit with ISO 9001:2015. If you do not hold certification with NQA for ISO 9001:2015 then you will need to apply for this standard also.

Scheme 2A - Design and/or Supply, Installation and Repair of Fences for Infrastructure Works. ☐

Scheme 2C - Design, Supply, Installation and Repair of Environmental Barriers ☐

Scheme 6 - Minor Structures ☐

Scheme 7 - Application of Road Marking Materials and Road Studs to Road Surfaces ☐

Scheme 8 - The overseeing and/or Installation and/or Maintenance of Highway Electrical equipment and supporting works ☐

Scheme 9 - Installation, Assembly, Re-design, and Provision of Permanent and Portable Road Traffic Signs ☐

Scheme 10A - Manufacture of Metallic Legacy Vehicle Restraint Systems ☐

Scheme 10B - Permanent Vehicle Restraint Systems (Incorporating NHSS2B & NHSS5B) ☐

Scheme 12A /12B - Static temporary traffic management on motorways and high speed dual carriageways including on-line widening schemes ☐

Scheme 12C - Mobile Lane Closure Traffic Management on Motorways and other dual carriageways ☐

Scheme 12D - Installing, Maintaining and removing Temporary Traffic Management on rural and urban roads ☐

Scheme 13 - Supply and Application of surface treatments to road surfaces ☐

Scheme 16 - Laying of Asphalt Mixes ☐

Scheme 17/17B - Vehicle Recovery at Highway Construction sites (17) and Vehicle Recovery and Removal on Control Roads ☐

Scheme 18 - Establishment and Maintenance of Landscape and Associated Land-based Activities ☐

Scheme 19A - Corrosion protection of ferrous materials by industry coatings ☐

Scheme 23 - Small Scale Pavement Repairs ☐

Scheme 30 - Installation, Maintenance and Repair of Modular Paving ☐

Please advise us the categories of work that are applicable within the NHSS as referenced in the UKAS NHSS documents Appendix K:

CLICK HERE TO RETURN TO PAGE 3 AND SUBMIT DOCUMENT