



INDRAPRASTHA SYSTEMCERT PVT. LTD. QUOTATION REQUEST FORM

Please complete this questionnaire and forward it to INDRAPRASTHA SYSTEMCERT PVT. LTD. who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

Company Name							
Address							
City	Code	Country					
Contact Name			Tel No/ Mob				
Fax Number			Position				
Web Site			E-mail				
Standard(s) to be assessed			ISO 9001 exclusions				
Accreditation Required			Other Information				
Scope: Please describe what activities your organisation carries out.							
Please list any additional sites to be included in the scope of registration							
Please list the number of employees in each area/site <small>(please use additional sheets if required)</small>		Full Time	Part Time	Shifts	Full Time <small>(Site 2)</small>	Part Time <small>(Site 2)</small>	Shifts <small>(Site 2)</small>
Manufacturing/Service area							
Quality Control/Technical							
Administration							
Storage/Warehouse							
Other							
Management							
Total Employees <small>(Full time equivalent)</small>							
Approx number of sub contractors used on average if applicable.		Describe the type of work subcontracted if applicable.					
<u>Quality Management System ISO 9001:2015</u>							
Number of Sites to be Audited?				<input type="checkbox"/> Single <input type="checkbox"/> Multiple			
Is the Clause " Design & Development" included in the Scope of Organization?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there any process that affects the product conformity and is outsourced?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Legal Obligations if any _____							
<u>Environmental Management System ISO 14001:2015</u>							
Number of Sites to be Audited?				<input type="checkbox"/> Single <input type="checkbox"/> Multiple			
Whether Initial Environmental Review (IER) available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Register of Significant Aspects / Impacts available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Legal Register available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Environmental Management Program (EMP) available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has EMP been implemented?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Occupational Health & Safety System ISO 45001:2018</u>							
Number of Sites to be Audited?				<input type="checkbox"/> Single <input type="checkbox"/> Multiple			
Have you identified Hazards?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Whether Incident/ Accident Register available?				<input type="checkbox"/> Yes <input type="checkbox"/> No			



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Food Safety Management System ISO 22000:2018

Number of Sites to be Audited? Single Multiple
 Have you implemented HACCP Principles? Yes No
 Any seasonality issues? Yes No
 Total No of HACCP Studies (As per ISO/TS 22003) _____
 How many process lines are there in production _____
 Any Prior Audits Conducted Yes No, If Yes , attach audit findings

Information Security Management System ISO 27001:2022 /

Information Technology Service Management System ISO 20000-1:2018

Number of Sites to be Audited? Single Multiple
 Has a Statement of Applicability been compiled? Yes No
 No. of user: No. of sites:
 No. of servers: No. of Workstations (PC + Laptops):
 Any Prior Audits Conducted Yes No, If Yes , attach audit findings

Note: Please confirm below-

ISMS (ISO 27001) - Access to organizational records- ISMS related information (such as ISMS records or information about design and effectiveness of controls) should be made available for review by the audit team whether it contains confidential or sensitive information. Yes No

SMS (ISO 20000-1) - Access to the client's documents, including records should be made available for review by the audit team where it contain confidential or sensitive information. Yes No

In Case of Integrated Management Systems, Kindly fill level of Integration	If Yes then Level of Integration in %
1. An integrated documentation set, including Procedures to a good level of development, as appropriate; <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%
2. Management Reviews that consider the overall business strategy and plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%
3. An integrated approach to internal audits <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%
4. An integrated approach to policy and objectives <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%
5. An integrated approach to systems processes <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%
6. An integrated approach to improvement mechanisms, (Corrective and preventive action, measurement and continual improvement); and <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%
7. Integrated management support and responsibilities. <input type="checkbox"/> Yes <input type="checkbox"/> No	Yes,%

When you will be ready for audit?	:	
Date of the system(s) implementation	:	
Consultants who helped to develop your system	:	
Name of the CB, if already certified	:	
Scheme:.....Certificate Issue date:..... Exp Date:..... Last Audit Conducted on.....		

Signature		Date	
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FOR THE USE OF ISPL ONLY

Remarks (if Any):

Can this Application be further processed Yes No

Date: _____ Reviewed By: _____

Please return this form to:

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