



Request for Proposal cum Application Form

1. Organization Details

Name of org. *:

Register Address 1 *:

Working / HO address:
(For Multi-site, fill
annexure 01)

Contact Person*:

Dept./Position:

Mob. /Tel.*:

Fax:

Website:

E-Mail*:

Require ISO Standard *:

<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO14001	<input type="checkbox"/> OH&S 45001	<input type="checkbox"/> ISO 22000	<input type="checkbox"/> ISO 27001	<input type="checkbox"/> ISO 20000-1	<input type="checkbox"/> Others.....
Mode of Audit	<input type="checkbox"/> Onsite	<input type="checkbox"/> Virtual/Online-audit	<input type="checkbox"/> Combine Audit (Onsite & Online Audit)			
The type of platform to be used i.e., Google meet/ Zoom:						

Certification Program
Required *

☐ Initial ☐ Surveillance ☐ Recertification ☐ Transfer ☐ Scope Expansion

1.1 Existing Certification (If applicable)

<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO14001	<input type="checkbox"/> OH&S 45001	<input type="checkbox"/> ISO 22000	<input type="checkbox"/> ISO 27001	<input type="checkbox"/> ISO 20000-1	<input type="checkbox"/> Others.....
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Name of Certification Body:

Certification No:

Expiry Date:

If Other, please specify:

Scope applied *:

(i.e., Manufacture of
abc)

2. Number of Employees *

Activities	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Effective No. of Employees, Filled by QEHS
Management						
Production Area						
Quality Control/Technical						
Administration						
Other						
Total No. of Employees						

Operation for Weekend / weekly holiday:

3. Organization Activity

Legal Status of Organization (i.e., Proprietor/ Pvt. Ltd. Or Partnership) *:

Applicable Legal, statutory & regulatory act:
(i.e., Labour law)

Organization Key Process Area:

(i.e., purchase/store/production etc.)		
Organization Products/Services: (i.e., abc & xyz products etc.)		
Any outsourcing process: (i.e., printing etc.)		
Is the organization part of some larger organization: if Yes (Please furnish the name)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Language of document and record:	Language of audit:	
4. Operation condition of Management System*		
1. Has the documented management system been operated and maintained?		<input type="checkbox"/> Yes <input type="checkbox"/> No
- Approval/Implementation Date of Policy: - Approval/Implementation Date of Manual, Procedure and Instruction:		
2. Is the Internal Audit carried and the effectiveness of the audit is confirmed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
- Date of Internal Audit:		
3. Is management review carried?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
- Date of management review:		
4. If operating multi-site, you ① are same corporate? ② are actually implementing same activity in control? ③ have same CEO? ④ are using same quality system and procedure? * Please attach detail information about multi-site (Total site no./size and location of each site)		<input type="checkbox"/> N/A <input type="checkbox"/> Yes (<u>Filled Annexure 01</u>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 This section Applicable for Environmental Management System ISO 14001:2015		
How many Sites the company is Managing at the same time? _____		
Do you have Register of Significant Environment aspect?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have An Environmental Management Manual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have An Internal Environmental Audit Programme?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 This section Applicable for Occupational Health & Safety Management System ISO 45001:2018		
Hazard's Identified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Detail any critical occupational health & safety risks identified? _____		
4.3 This section Applicable for Food Safety Management System ISO 22000:2018		
Number of Sites to be Audited?		<input type="checkbox"/> Single <input type="checkbox"/> Multiple
Have you implemented HACCP Principles?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any seasonality issues?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give detail on separate sheet.		
Total No of HACCP Studies (As per ISO/TS 22003:2013) _____		
How many process lines are there in production _____?		
FSSAI License Registration No: _____		
Any Prior Audits Conducted		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach audit findings		
Other Factors (Kindly Confirm No's): -		
Product Types=_____ ; Product Lines=_____ ; Product Development=_____ ; CCP=_____ ; OPRP=_____ ; Building Area=_____ ; Infrastructure=_____ ; In House Lab Testing=_____ ; Translator Requirements=_____ ;		
4.4 This section Applicable for Information Security Management System ISO 27001:2013		
1. SOA Version No. _____		Date of implement: _____

2. Any outsourced process (i.e., IT / Data Centre/Server) _____	
3. Have you done Risk Assessment & Risk Treatment, If yes on which date _____	
4. Business complexity [Please select type of complexity in your org. as per A, B, C, chose any no. from 1 or 2 or 3]	
A. Type(s) of business and regulatory requirements	<input type="checkbox"/> 1. Organization works in non-critical business sectors and non-regulated sectors; <input type="checkbox"/> 2. Organization has customers in critical business sectors; <input type="checkbox"/> 3. Organization works in critical business sectors.
B. Process and tasks	<input type="checkbox"/> 1. Standard processes with standard and repetitive tasks; lots of persons doing work under the organization's control carrying out the same tasks; few products or services <input type="checkbox"/> 2. Standard but non-repetitive processes, with high number of products or services <input type="checkbox"/> 3. Complex processes, high number of products and services, many businesses units included in the scope of certification (ISMS covers highly complex processes or relatively high number or unique activities).
C. Level of establishment of the MS	<input type="checkbox"/> 1. ISMS is already well established and/or other management systems are in place <input type="checkbox"/> 2. Some elements of other management systems are implemented, others not <input type="checkbox"/> 3. No other management system implemented at all, the ISMS is new and not established.
5. IT complexity [Please select type of complexity in your org. as per A, B, C, chose any no. from 1 or 2 or 3]	
A. IT infrastructure complexity	<input type="checkbox"/> 1. Few or highly standardized IT platforms, servers, operating systems, databases, networks, etc. <input type="checkbox"/> 2. Several different IT platforms, servers, operating systems, databases, networks <input type="checkbox"/> 3. Many different IT platforms, servers, operating systems, databases, networks.
B. Dependency on outsourcing and suppliers, including cloud services:	<input type="checkbox"/> 1. Little or no dependency on outsourcing or suppliers <input type="checkbox"/> 2. Some dependency on outsourcing or suppliers, related to some but not all important business activities <input type="checkbox"/> 3. High dependency on outsourcing or suppliers, large impact on important business activities.
C. Information System development:	<input type="checkbox"/> 1. None or a very limited in-house system/application development <input type="checkbox"/> 2. Some in-house or outsourced system/application development for some important business purposes <input type="checkbox"/> 3. Extensive in-house or outsourced system/application development for important business purposes.
6. Confirmation of access to organizational records	
<input type="checkbox"/> 1. Agreed to share all the ISMS records or information about design and effectiveness of controls for review by audit team. <input type="checkbox"/> 2. Not agreed to share all the ISMS records or information about design and effectiveness of controls for review by audit team, because it contains confidential or sensitive information. If you are "not agreed" , please mention the information which cannot be shared in during the audit: _____ _____	
4.5 This section Applicable for Information Technology - Service Management System requirements ISO 20000-1:2018	
1. Few or simple or highly standardized IT platforms, 1 or 2 servers, operating system, database, networks <input type="checkbox"/> 2. Several different IT platforms, 3-5 servers, operating system, database, networks <input type="checkbox"/> 3. Many different IT platforms, more than 6 servers, operating system, database, networks <input type="checkbox"/>	
Is there any ITSMS Documentation & records which cannot be made available for review by the audit team because they contain confidential or sensitive information and to provide the corresponding justification.	

Kindly provide list of such information:
4.6 This Section is applicable for Medical Device Quality Management System ISO 13485:2016 1. Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple 2. Any Outsourced process: 3. Critical activity:
4.7 This section is applicable for Learning Services Management System Number of Sites to be Audited? <input type="checkbox"/> Single <input type="checkbox"/> Multiple Methodology of Learning is Described <input type="checkbox"/> Yes <input type="checkbox"/> No Any conflicts regarding Learning Services Management system <input type="checkbox"/> Yes <input type="checkbox"/> No Outsourced process:
5. Details of the consultancy firm/consultant has taken consultancy for ISO 9001/ISO 14001/ISO 45001/ISO 22000/ISO 27001/ISO 20000-1 or other standard process in organization: 1. Consulting Company Name: 2. Write the name of consultant:assisted for establishment of system.
6. Other details of Organization Note: if required, please attach relevant supporting document(s)
DECLARATION*: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the above said organization, we request an estimate/Quotation as above mention. In case of multi-site, kindly fill annexure 01. Person Name (who Filled Application):
This section is for Office (QEHS) Use only. <input type="checkbox"/> Acceptance, Ref. No. _____ <input type="checkbox"/> Not Acceptance <input type="checkbox"/> Supplement information is needed: _____

Note: "*" fields are mandatory.

Annexure -01 (For Multi-site)

Site Country Name:						
Name of Site*:						
Address 1 *:						
Contact Person*:				Dept./Position:		
Mob. /Tel.*:				Fax:		
Website:				E-Mail*:		
Require ISO Standard *:						
Site Scope/Activity: (i.e., Manufacture of abc)						
2. Number of Employees:						
Activities	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	<u>Effective No. of Employees, Filled by QEHS</u>
Management						
Production Area						
Quality Control/Technical						
Administration						
Other						
Total No. of Employees						
Operation for Weekend / weekly holiday:						

In case, if you have more site's, kindly fill this annexure per site.