



# QUESTIONNAIRE

For a formal written quotation of audit fees, please complete in detail and forward to our office

<i>New customers</i>	<input type="checkbox"/> New registration
	<input type="checkbox"/> Transfer of registration from another certification body

<i>Existing customers</i>	<input type="checkbox"/> Extend the scope / locations of your current registration
	<input type="checkbox"/> Add a new standard to your registration
	<input type="checkbox"/> Transfer a registration from another certification body

(Please indicate as appropriate)

Standard(s) applicable (please indicate as appropriate)

- ISO 9001  
  ISO 14001  
  OHSAS 18001  
  ISO 27001  
  AS9100  
  BRC  
  ISO 22000  
 Other standards/sector schemes – please specify .....

Company or Organisation	
Address	
Postcode	
Telephone Number	Fax Number
E-mail	Web site
Contact	Position

**1. Scope of Certification** What wording would you like to see on your certificate? eg 'Design, manufacture and installation of UPVC windows and doors' (existing customers please indicate the new activities or locations to be audited only)

**2. Main Processes** Please indicate your main departments or sections (eg Marketing, Sales, Design, Purchasing); Include details of any outsourced processes such as design and installation.

**3. Work undertaken at clients' sites/premises** Please detail the type of work carried out at clients sites/premises (eg installation, servicing, consultancy)

**4. Branch(es) or satellite office(s)** Please provide details of addresses, numbers of staff and activities undertaken at these locations.

**5. Materials and Equipment** Please provide details of the main materials and equipment located at your premises (eg, Chemicals, Computers, Heating Oil, Paper, Computers, Lathes)

**6. Brief description of your product lines and/or services provided to your customers**

7. Does your organisation currently have any registrations granted by ISOQAR or other certification bodies? **YES / NO**  
If **YES**, please give certificate number(s) and expiry date .....

8. How many employees involved in scope applied for? Full time \_\_\_\_\_ Part time \_\_\_\_\_

9. Do you operate a shift system? **YES / NO** \_\_\_\_\_ If YES how many employees are on shifts? (%) \_\_\_\_\_  
Please describe any activities on other shifts, not covered by the day shift:- \_\_\_\_\_  
\_\_\_\_\_

10. Have you produced a manual and procedures? YES / NO \_\_\_\_\_  
If yes approximately how long have you been operating a documented system? \_\_\_\_\_

11. If you are a new customer, how did you hear about ISOQAR?  
\_\_\_\_\_

12. If a consultant was used to develop your management system, please give their name and company.  
\_\_\_\_\_

13. Is there any additional information you feel may help us prepare your quotation?

*The above details help us provide an accurate quotation. All information is treated with strict confidentiality.*

Signed .....	Position .....
Date .....	