

QUESTIONNAIRE FOR QUOTATION

Completing the form will provide us with necessary information to submit a quote for your consideration:

Organization / Social Entity (Legal) Name :	
Physical Address (main office / base of operations):	
Relevant Number of Employees (if applicable, maximum on each shift):	Shift:
Physical Address (main office /base of operations):	
Number of Employees (if applicable, maximum on each shift):	Shift:
Number of Locations requesting certification-registration:	
Is your production seasonal? In case of seasonal production, please name the seasons and related products?	
Are you using unskilled workers? In case of positive answer, please explain including related processes and number of these workers:	
Are you using daily basis workers? In case of positive answer, please explain including related processes and number of these workers:	
Tel/Fax:	
E-mail:	
URL (if organization has a published web site):	
Managing Director:	

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Management Representative:		
H/S/E Officer:		
Technical Officer/Technical Supervisor:		
Management system consultant:		

Primary Business / Activity / Services:	Nace Code: <BRSM Team to complete>
For EnMS please write the specific scope and boundary of the system:	
For FSMS please write the processes (Technologies, number of lines and...) or attach your FPC form:	

Management System Registration <double click the applicable small block that follows>:		
<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ISO 14001:2015	<input type="checkbox"/> ISO 45001:2018
<input type="checkbox"/> ISO 3834(Part):	<input type="checkbox"/> ISO 22000:2018	<input type="checkbox"/> ISO 13485:2016
<input type="checkbox"/> ISO 50001:2018	<input type="checkbox"/> ISO 10002:2018	<input type="checkbox"/> ISO 10004:2018
<input type="checkbox"/> HSE/QHSE-MS	<input type="checkbox"/> ISO 10015:2019	<input type="checkbox"/> HACCP
<input type="checkbox"/> ISO 21500:2012	<input type="checkbox"/> ISO/TS 29001:2010	<input type="checkbox"/> ISO 29990:2010
<input type="checkbox"/> ISO 27001:2022	<input type="checkbox"/> ISO 10668:2010	Others:
State scheme, regulatory or legal:		
Regulatory Licenses:		

Please indicate by marking the functions that fall within the scope of the activities of your organization or entity, scope of Registration:

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List your main processes:	
Exclusion or not applicable clauses:	
Outsource activities:	
Outsource activities Controls:	

<u>Only relates and applies to MEDICAL DEVICES:</u>	Tick	Location
Sterile activities (for Medical Devices only	<input type="checkbox"/>	
Implantable Medical Devices(for Medical Devices only)	<input type="checkbox"/>	
SKD: <input type="checkbox"/> - CKD: <input type="checkbox"/> - OEM: <input type="checkbox"/> - OBL: <input type="checkbox"/>		
classification: I: <input type="checkbox"/> - IIa: <input type="checkbox"/> - IIb: <input type="checkbox"/> - III: <input type="checkbox"/>		
For medical devices technical file has approved local regulatory : Yes <input type="checkbox"/> No: <input type="checkbox"/>		

<u>Only relates and applies to EMS:</u>	Tick	Location
air emissions	<input type="checkbox"/>	
release of effluents	<input type="checkbox"/>	
solid waste	<input type="checkbox"/>	
use of power / energy	<input type="checkbox"/>	
water consumption	<input type="checkbox"/>	
storm water discharge	<input type="checkbox"/>	
storage tanks containing chemicals	<input type="checkbox"/>	
underground storage tank	<input type="checkbox"/>	
Others (please specify):		
Number of effective personnel of EMS:		

<u>Only relates and applies to OSHMS:</u>	Location
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Please state Hazardous Process/Activities according to left columns	
Physical: noise, light, UV radiation, ventilation, air quality, temperature, working at height, manual tasks, machinery, nip points, plant, equipment, mobile plant, vehicles, electrical, slips/trips and falls hazards, other.	
Chemical: poisons, dusts, fumes, gases, hazardous chemicals including dangerous goods, oxidizing agents, flammable solids/liquids/gases, radioactive substances, cleaning chemicals, other.	
Biological: parasites, plants, harmful bacteria, viruses, fungi, moulds, infectious agents, contaminated specimens, body fluids, other.	
Psychological: stress, repetitive work, shift work, violence/aggression, bullying, excessive workload, other.	
Others (please specify):	
Number of effective personnel of OHSMS	
Number of personnel from contractors and subcontractors:	
What is the average number of occupational/health accidents in your organization each year? (SR/FR indexes)	

Only relates and applies to EnMS:				Tick	Location
If used, indicate the number of uses of obvious energy (SEU) ***.	Consumption of TJ (Trajoli) **	Is the performance monitoring index considered* ?	Description	Energy source used	
				Electricity <input type="checkbox"/>	
				Natural Gas <input type="checkbox"/>	
				Oil <input type="checkbox"/>	
				New Energies <input type="checkbox"/>	
				<input type="checkbox"/> Other	
				<input type="checkbox"/> Other	
The items listed in the above table are more than 80% of the total energy consumption of the organization:					
* In case of energy audit, the information must be in accordance with the energy audit report.					
** You can search the word "CONVERT UNITS" in Google to convert units to trajectory (Tj); (100000 Kilowatt = 0.36 Tj)					
*** List significant energy uses (SEUs):					

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The number of personnel affecting the energy system is as follows, please complete separately:	
People affected by changes that have a major impact on energy consumption:	Energy Management Team:
People related to SEUs:	Officials related to the implementation of the effectiveness of the energy management system:
Officials related to the implementation of the effectiveness of the energy management system:	

Only relates and applies to FSMS:

Number of HACCP Plans:
Number of effective staff related to FSMS:
Describe the number of personnel separately (management, office, laboratory, distribution, warehouses, guards, services, etc.):
Last PRPs audit by statuaries'/legal entities/ governments result:
Do you had any recall or legal food complaints in recent two years? In case you have, please explain:
CB Team to complete
FTE and other justifications/Considerations:

1. Has the System has been implemented?																
<double click small block? <input type="checkbox"/> Yes <input type="checkbox"/> No																
2. If the answer to item 1 is assertive (yes), how long has the implementation taken effect?																
3. Is your organization/shareholders are in the list of sanctions by any entity / country / organization? <input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, please explain the details:																
4. If our system is integrated, please tick integrated clauses In below table:																
<table border="1"> <thead> <tr> <th>Item</th> <th>Clause 4</th> <th>Clause 5</th> <th>Clause 6</th> <th>Clause 7</th> <th>Clause 8</th> <th>Clause 9</th> <th>Clause 10</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Item	Clause 4	Clause 5	Clause 6	Clause 7	Clause 8	Clause 9	Clause 10	Percentage							
Item	Clause 4	Clause 5	Clause 6	Clause 7	Clause 8	Clause 9	Clause 10									
Percentage																
5. When are you planning to initiate the Certification – Registration Assessment protocol, (month/year) (this is to identify and coordinate Phase I and Phase II)?																
6. Does the organization carry any certification for more than one year?																

BRSM

E-mail: info@brsmena.com

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| 7. Does the organization has any fail to demonstrate their initial or ongoing commitment to legal compliance? (if yes please provide us a history) |
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Form Completed By (name):	Date:
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END of QUESTIONNAIRE

THANK YOU FOR COMPLETING the QUESTIONNAIRE and CONSIDERING US