

BRSM

E-mail: info@brsmena.com

QUESTIONNAIRE FOR QUOTATION

 -"Adding-Value-Assessment"®

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):
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Relevant Number of Employees (if applicable, maximum on each shift):	Shift:
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Physical Address (main office /base of operations):

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Number of Employees (if applicable, maximum on each shift):	Shift:
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Number of Locations requesting certification-registration:
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Tel/Fax:

E-mail:

URL (if organization has a published web site):

Management Representative:

Managing Director:

H/S/E Officer:

Management system consultant:

Primary Business / Activity / Services:	Nace Code: <BRSM Team to complete>
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® Adding-Value-Assessment is our seal-mark commitment in providing not only conformance assessments to the management scheme being pursuit, such as to adding-value to the organization's management system.

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For EnMS please write the specific scope and boundary of the system:

Technical areas	Description of Technical areas	Technical Areas Applied for (√)
Industry- Light to Medium	Manufacturing facilities producing consumer intermediates or end user oriented products	<input type="checkbox"/>
Industry- Heavy	Manufacturing facilities requiring high capitalization and consuming large quantities of raw materials and energy	<input type="checkbox"/>
Buildings	Facilities with standard commercial building practices	<input type="checkbox"/>
Building Complexes	Facilities with operations requiring specific expertise due to the complexity of energy sources and uses	<input type="checkbox"/>
Transport	System or means for transporting people or goods/cargo	<input type="checkbox"/>
Mining	Open cast, underground and fluid extraction of raw materials and transport	<input type="checkbox"/>
Agriculture	Livestock, seed or crops products	<input type="checkbox"/>
Energy Supply	Energy generation (nuclear, CHP, electricity, renewable, etc.) and transport (transmission and distribution)	<input type="checkbox"/>

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 (version):	<input type="checkbox"/> OHSAS 18001:2007
<input type="checkbox"/> HACCP	<input type="checkbox"/> ISO 10002:2018	<input type="checkbox"/> ISO 10004:2018
<input type="checkbox"/> HSE/QHSE-MS	<input type="checkbox"/> ISO 10015:1999	<input type="checkbox"/> ISO 13485:2016
<input type="checkbox"/> ISO 50001:2011/2018	<input type="checkbox"/> ISO/TS 29001:2010	<input type="checkbox"/> ISO 29990:2010
<input type="checkbox"/> ISO 27001:2013	<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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Information regarding Processes – Activities /products	Tick	Location
Design, Formulation	<input type="checkbox"/>	
After sale services	<input type="checkbox"/>	
Purchasing / Procurement / Acquisitions	<input type="checkbox"/>	
Installation and maintenance at client's site	<input type="checkbox"/>	
Packaging, Labeling, Handling and Shipping	<input type="checkbox"/>	
Outsource activities: فعالیت های برون سپاری شده		
Outsource activities Controls: ؟		

Only relates and applies to MEDICAL DEVICES:	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"/>		
تکنیکال فایل توسط اداره کل مورد تایید قرار گرفته است		

Only relates and applies to EMS:	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:		

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<u>Only relates and applies to EnMS:</u>			Tick	Location
If used, indicate the number of uses of obvious energy (SEU) ***.	Consumption of TJ (Trajoi) **	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"/>
				Other <input type="checkbox"/>
				Other <input type="checkbox"/> (
<p>* 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):</p>				
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:				

<u>Only relates and applies to OSHMS:</u>	Please state Hazardous Process/Activities according to left columns	Location
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:		

BRSM FORM 001_General v6 Revision of: April 2022 Page 4 of 5

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Only relates and applies to FSMS:

Number of HACCP Plans:

Number of Effective personnel?

1. Has the System has been implemented?

<double click small block? Yes No

2. If the answer to item 1 is assertive (yes), how long has the implementation taken effect?

3. If our system is integrated, please state level of integrity from 0 to 100?

4. When are you planning to initiate the Certification – Registration Assessment protocol, (month/year) (this is to identify and coordinate Phase I and Phase II)?

5. Does the organization carry any certification for more than one year?

6. Does the organization has any fail to demonstrate their initial or ongoing commitment to legal compliance? (if yes please provide us a history)

Form Completed By (name):

Date:

END of QUESTIONNAIRE

**THANK YOU FOR COMPLETING the QUESTIONNAIRE and CONSIDERING
BRSM**

