|  |  |
| --- | --- |
|  | **Request For Quotation (RFQ)** |
| **Name of Organisation** |       |
| **Address** |       |
| **Contact Name** |       | **Function**       |
| **Telephone number** |       | **Email**        |
| **Direct dial number** |       | **Web address**       |
| **STANDARD / SCHEME *(please indicate):*** |
| ISO 9001 – QualityISO 50001 – Energy**\***ISO 22000 - Food Safety**\***ISO 22000 & FSSC**\***Excellence Through People ETP**\***ISO 22301 – Business Continuity | [ ] [ ] [ ] [ ] [ ] [ ]  | ISO 14001 - EnvironmentISO 27001 - IT Security**\***ISO 55001 - Asset ManagementISO 15489 – Records ManagementISO 16950 – BIMCE Marking under CPR**[[1]](#footnote-1)** | [ ] [ ] [ ] [ ] [ ] [ ]  | ISO 45001**\*** - Health & SafetyISO 45001**\*** & SSIP**Greenhouse Gases**ISO 14064-1 Organisation LevelISO 14064-2 Project LevelISO 14064-3 Verification/Validation | [ ] [ ] [ ] [ ] [ ]  |
| OTHER: (please use standard number)       |  |
| **Contact** **medical.devices@nsai.ie** **for request for quotation forms for the following:** |
| * ISO 13485 Medical Devices
* MDSAP
 | * 93/42/EEC Medical devices
* 90/385/EEC Active implantable medical devices
* 98/79/EC In vitro diagnostic medical devices
 |
| **Information for Quotation purposes. ALL FIELDS BELOW MUST BE ADDRESSED**  |
| Transfer from other accredited Certification Body | Yes |[ ]  No |[ ]  If yes, we will require a copy of your current certificate of registration with this form |
| Reason for Transfer: |  |
| Last audit date (for transfer requests only): |  |
| Integrated Management System | Yes |[ ]  No |[ ]  Level of integration *(please specify %)*: |  |
| Nature of Business / Scope of Certification |       |
| If you outsource any process(s) please specify |       |
| Company products / services **excluded** from application if any |       |
| Number of people involved in the above business (include sub-contractors): |       | Breakdown of Employees by Dept./Function(please use additional page or org chart if necessary)  |       |
| Number in Design / Development / Research***Number in Design is compulsory for BIM requests*** |       | Number deployed in field / site activities: |       |
| Shift times (if applicable) |       | Relevant Regulatory / Statutory Requirements |       |
| Location(s) for Assessment: (please use additional page if needed)***If more than one location a list of ALL locations, including staff numbers at each, is mandatory – PLEASE USE ADDITIONAL PAGE IF NECESSARY*** |       |
| Name of Consultant (if any) |       |
| Additional information:       | Date request submitted to NSAI:       |
| OFFICE USE ONLY | IAF:       | EMS/EnMS/OHS Complexity:       |

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|  | **Request For Quotation (RFQ)** |

**Step 1 - Application Step 3 – Stage 2 Assessment**

Company implements system

Registration (or Stage 2) audit

Request to NSAI for quotation

Acceptable response to NSAI

(cause, correction and corrective action)

Corrective action required before recommendation for registration

Findings reported at close of audit

Quotation sent

Application made to NSAI Contract Review carried out

Application assigned to Lead Auditor

Grant of registration

**Step 2 – Stage 1 Assessment Step 4 - Certification**

Application assessed by Lead Auditor (Document Review)

Certificate of registration issued

Liaison with applicant on issues arising (if any)

Listed on NSAI website

Dates agreed for stage 1 or registration assessment

Ongoing assessment

On-site stage 1 audit

Continual improvement

[[2]](#footnote-2)

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| ***To purchase standards please visit*** [***www.standards.ie***](http://www.standards.ie) ***orTelephone(01) 857 6730 / (01) 857 6731 or email:*** ***info@standards.ie*** |

1. ***Requests must be accompanied with a list of relevant hEN and AoC***

***\* Please use the quotation request form specific to this standard, these are available on nsai.ie/certification/get-a-quote/or by contacting*** ***certification@nsai.ie*** ***for a copy, stating the relevant standard.*** [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)