

**NSAI****Request for Quotation**

Name of Organisation			
Address			
Contact Name		Function:	
Telephone number		e-mail:	
Direct dial number		Web address:	
Standard / Scheme (please indicate):			
Quality ISO 9001:2015 <input type="checkbox"/>	Environment ISO 14001:2015 <input type="checkbox"/>	OHSAS 18001 OH&S <input type="checkbox"/>	
ISO 9001:2008 <input type="checkbox"/>	ISO 14001:2004 <input type="checkbox"/>	ISO 50001 EnMS <input type="checkbox"/>	
• ISO 22000 Food Safety <input type="checkbox"/>	ISO 24512 Management of Drinking Water Utilities <input type="checkbox"/>	ISO 15489 Records Mgt. <input type="checkbox"/>	
• FSSC <input type="checkbox"/>		EN 15838 Customer Contact Centres <input type="checkbox"/>	
I.S. EN 50131 Intruder Alarms <input type="checkbox"/>	I.S. 228 Monitoring Schemes <input type="checkbox"/>	S.R. 40 <input type="checkbox"/>	S.R. 41 <input type="checkbox"/>
I.S. EN 50132 CCTV <input type="checkbox"/>	I.S. EN 50133 Access Control <input type="checkbox"/>	I.S. 998 C.I.T. <input type="checkbox"/>	
I.S. 3218:2009 Fire Alarms <input type="checkbox"/>	CE Marking under CPR ¹ <input type="checkbox"/>	Excellence Through People (ETP) <input type="checkbox"/>	
CE Marking Medical Devices ² <input type="checkbox"/>	ISO 13485 Medical Devices ² <input type="checkbox"/>	CMDCAS ² <input type="checkbox"/>	
ISO/TS 16949 ² <input type="checkbox"/>	TL 9000 ² <input type="checkbox"/>	AS 9100 ² <input type="checkbox"/>	
PEFC COC <input type="checkbox"/>	PEFC FM <input type="checkbox"/>	Other:-	
Integrated Management System		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of integration (please specify)			
<i>Information for quotation / application purposes</i>			
Nature of Business / Scope of Certification			
If you outsource any process(s) please specify		Transfer from other certification body	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company products / services excluded from application			
Number of people involved in the above business (include sub-contractors):			
Breakdown of Employees by Department/Function			
Number in Design / Development / Research		Number deployed in field / site activities:	
Shift times (if applicable)		Relevant Regulatory / Statutory Requirements	
Location(s) for Assessment: (If more than one location please list all locations with approximate staff numbers at each location)			
Name of Consultant (if any)			
Additional information:		Date request submitted to NSAI:	
Completed forms may be posted to Certification, NSAI, 1 Swift Square, Northwood, Santry, Dublin 9 or Email to: certification@nsai.ie			

¹ Applications must be accompanied with a list all relevant hEN and AoC² Quotations issued by NSAI Inc., Nashua, NH, USA. www.nsa-inc.com

**NSAI****Request for Quotation****Step 1 - Application**

Company implements system

Request to NSAI for quotation

Quotation sent

Application made to NSAI

Application assigned to Lead Auditor

Step 2 – Stage 1 Assessment

Application assessed by Lead Auditor (Document Review)

Liaison with applicant on issues arising (if any)

Dates agreed for preliminary or registration assessment

³On-site preliminary assessment audit**Step 3 – Stage 2 Assessment**

Registration assessment by NSAI audit team

Findings reported at close of audit

Corrective action required before recommendation for registration?

Acceptable response to NSAI (cause, correction and corrective action)

Grant of registration

Step 4 - Certification

Certificate of registration issued

Listed on NSAI website

Ongoing assessment

Continual improvement

For information on purchasing standards please visit www.standards.ie or purchase direct by contacting 01- 857 67 30 / 01- 857 67 31 or email: info@standards.ie

³ if applicable