|  |  |
| --- | --- |
|  | **Request for Quotation** |
| **Name of Organisation** |       |
| **Address** |       |
|       |
| **Contact Name** |       | **Function:**       |
| **Telephone number** |       | **e-mail:**       |
| **Direct dial number** |       | **Web address:** |  |
| Standard / Scheme *(please indicate):* |
| ISO 9001 Quality | [ ]  | ISO 14001 Environment | [ ]  | OHSAS 18001 OH&S | [ ]  |
| ISO 15489 Records Mgt. | [ ]  | Corporate Governance | [ ]  | ISO 50001 EnMS | [ ]  |
| * ISO 22000 Food Safety
* FSSC
 | [ ] [ ]  | ISO 24512 Management of Drinking Water Utilities | [ ]  | Beef Labelling | [ ]  |
| EN 15838 Customer Contact Centres  | [ ]  |
| I.S. EN 50131 Intruder Alarms | [ ]  | I.S. 228 Monitoring Schemes | [ ]  | S.R. 40  | [ ]  | S.R. 41 | [ ]  |
| I.S. EN 50132 CCTV | [ ]  | I.S. EN 50133 Access Control | [ ]  | I.S. 998 C.I.T. | [ ]  |
| I.S. 3218:2009 Fire Alarms | [ ]  | CE Marking under CPR[[1]](#footnote-1) | [ ]  | Excellence Through People (ETP) | [ ]  |
| CE Marking Medical Devices2 | [ ]  | ISO 13485 Medical Devices2 | [ ]  | CMDCAS2 | [ ]  |
| ISO/TS 169492 | [ ]  | TL 9000[[2]](#footnote-2) | [ ]  | AS 91002 | [ ]  |
| PEFC COC [ ]  | PEFC FM [ ]  | Other:- |
| Integrated Management System | Yes | [ ]  | No | [ ]  |
| Level of integration *(please specify)* |  |
| *Information for quotation / application purposes* |
| Nature of Business / Scope of Certification |       |
| If you outsource any process(s) please specify |       | Transfer from other certification body | Yes | [ ]  | No | [ ]  |
| 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* |
| OFFICE USE ONLY | IAF:       | EMS/EnMS/OHSAS Complexity:       |

|  |  |
| --- | --- |
|  | **Request for Quotation** |

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

Registration assessment by NSAI audit team

Company implements system

Application assigned to Lead Auditor

Grant of registration

Acceptable response to NSAI

(cause, correction and corrective action)

Application made to NSAI

Request to NSAI for quotation

Quotation sent

Corrective action required before recommendation for registration?

Findings reported at close of audit

Certificate of registration issued

Application assessed by Lead Auditor (Document Review)

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

Listed on NSAI website

Liaison with applicant on issues arising (if any)

Ongoing assessment

Dates agreed for preliminary or registration assessment

Continual improvement

3On-site preliminary assessment audit

[[3]](#footnote-3)

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

1. ***Applications must be accompanied with a list all relevant hEN and AoC*** [↑](#footnote-ref-1)
2. ***Quotations issued by NSAI Inc., Nashua, NH, USA.*** [***www.nsaiinc.com***](http://www.nsaiinc.com) [↑](#footnote-ref-2)
3. *if applicable* [↑](#footnote-ref-3)