

Organisation detail

Organisation Name:	
Organisation Address:	
Registered Organisation Name: (if different from above)	
Website:	
Contact Name:	
Contact Position:	
Email Address:	
Contact Phone Number:	
Additional sites covered by Certification? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>List any additional sites on the table below (Add additional lines as required)</i>	

Site Number	Site address	Permanent/ Temporary/Virtual	Activity	Employee number (FTE)	Work pattern (shift)
HQ		Permanent			
01					
02					
03					
04					
05					
06					
07					

Management system – General questions			
Organization’s role(s):	<input type="checkbox"/> AI Producer	<input type="checkbox"/> AI Provider	<input type="checkbox"/> AI User
Business activity:			
Scope available (Y/N):			
Statement of Applicability (SoA) in place (Y/N):			
AIMS regulatory frameworks:			
Outsourced services:			
Number of employees involved in AI life cycle (Fulltime, part-time, contractors etc.):			
List all certified management systems (e.g., ISO standards) and any other certifications currently held by your organisation:			
Is integration of AIMS with other management systems required? (Y/N):			
List any other management system certifications (if applicable):			
Extent of integration: (0-100%)			
Use of consultant (Y/N):			

Factors A: Business and Organisation (other than AI systems)

Category	Grade	
Type(s) of business and regulatory requirements	<input type="checkbox"/>	1. Organisation works in non-critical business sectors and non-regulated sectors ^a
	<input type="checkbox"/>	2. Organisation works in regulated business sectors ^a
	<input type="checkbox"/>	3. Organisation works in critical or highly regulated business sectors ^a
Number of controls implemented beyond ISO/IEC 42001:2023, Annex A, Table A.1	<input type="checkbox"/>	1. Fewer controls
	<input type="checkbox"/>	2. All controls
	<input type="checkbox"/>	3. Additional controls

^a *Critical business sectors are sectors that may affect critical public services that will cause risk to health, security, economy, image and government ability to function that may have a very large negative impact to the country.*

Factors B: AI Systems

Category	Grade	
System complexity (Number of AI systems within an AIMS scope)	<input type="checkbox"/>	1. Relative to the size of the organisation, there are a small number of AI systems in scope
	<input type="checkbox"/>	2. Relative to the size of the organisation, there are a medium number of AI systems in scope;
	<input type="checkbox"/>	3. Relative to the size of the organisation, there are a large number of AI systems in scope.
Whether any systems in use are sensitive/used for high-risk purposes (Number of high-risk or sensitive purposes (e.g. health; safety critical; affecting personal rights; etc.) AI system(s) within AIMS scope)	<input type="checkbox"/>	1. Not applicable
	<input type="checkbox"/>	2. Organisation uses no systems for sensitive or high-risk purposes
	<input type="checkbox"/>	3. Organisation uses one or more systems for high-risk purposes.
Dependency on outsourcing and suppliers (Number of third-party agreement(s))	<input type="checkbox"/>	1. Little or no dependency on outsourcing or suppliers
	<input type="checkbox"/>	2. Some dependency on outsourcing or suppliers, related to some, but not all, important business activities
	<input type="checkbox"/>	3. High dependency on outsourcing or suppliers, large impact on important business activities

CONFIDENTIAL OR RESTRICTED INFORMATION DECLARATION

Prior to the audit, please indicate if any AIMS-related information cannot be shared with the audit team due to confidentiality or sensitivity (e.g., source code, raw datasets, security logs, or proprietary control design/effectiveness evidence).

- All AIMS-related information can be made available to the audit team.
- Some AIMS-related information cannot be shared. (If selected, specify below.)

Details / Restrictions:

Notes:

I confirm that to the best of my knowledge the above information is a true account:

Name:		Date:	
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Please submit completed from to: certification@nsai.ie

NSAI, Swift Square, Northwood, Santry, Dublin

Should you have any questions, please call: 01 8073800.

Thank you for completing this request for quotation form