|  |  |
| --- | --- |
|  | **Request for Quotation** |
| **Name of Organisation** |       |
| **Address** |       |
| **Contact Name** |       | **Function:**       |
| **Telephone number** |       | **Email:**       |
| **Direct dial number** |       | **Web address:**       |
| **STANDARD / SCHEME *(please indicate):*** |
| ISO 9001 - Quality | [ ]  | ISO 14001 - Environment | [ ]  | ISO 45001**\*** - Health & SafetyOHSAS 18001 - Health & Safety OHSAS 18001 & SSIP | [ ] [ ] [ ]  |
| ISO 50001 – Energy**\*** | [ ]  | ISO 27001 - IT Security**\*** | [ ]  |
| ISO 22000 - Food Safety**\*** | [ ]  | ISO 55001 - Asset Management | [ ]  | ISO 15489 - Records Management | [ ]  |
| ISO 22000 & FSSC**\*** | [ ]  | ISO 22301 - Business Continuity | [ ]  | I.S. EN 50131 – Intruder Alarms  | [ ]  |
| Excellence Through People ETP**\*** | [ ]  | CE Marking under CPR**[[1]](#footnote-1)** | [ ]  | OTHER: (please state standard number)      |
| PEFC Chain of Custody (CoC) | [ ]  | PEFC Forrest Management (FM)  | [ ]  |
| **Please 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 must be addressed** |
| Transfer from other accredited Certification Body | Yes | [ ]  | No | [ ]  | If yes please attach copy of current certificate of registration |
| 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 Department/Function (an organisation chart or additional page may be added) |       |
| 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 a list of all locations with staff numbers at each is necessary*** – a separate page can be used) |       |
| Name of Consultant (if any) |       |
| Additional information:       | Date request submitted to NSAI:       |
| ***Email completed forms to:*** ***certification@nsai.ie*** ***or Post to: Certification, NSAI, 1 Swift Square, Northwood, Santry, Dublin 9***  |
| OFFICE USE ONLY | IAF:       | EMS/EnMS/OHS Complexity:       |

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|  | **Request for Quotation** |

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

Company implements system

Registration assessment by NSAI audit team

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

Application assigned to Lead Auditor

Grant of registration

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

On-site preliminary assessment audit

[[2]](#footnote-2)

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| ***For information on purchasing standards please visit*** [***www.standards.ie***](http://www.standards.ie) ***or telephone (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 from NSAI.ie or contact*** ***certification@nsai.ie*** ***for a copy, stating the relevant standard.*** [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)