Please complete this questionnaire and forward it to **ACQ Quality Services LLC.**, who will then provide you with a written Quotation

Organization name:			
Address :			
Number of Sites Linked & Address (if certification required):			
Phone:		**Fax:**	
Email:		**Website:**	
Contact Person Name:		**Position:**	**Mobile No :**
Organization Certified before? ☐ **Yes** ☐ **No** **If yes, type of certificates:**			
ISO 9001:2015		**ISO 14001:2015**	
OHSAS 18001:2007		**ISO 45001:2018**	
ISO 50001:2018		ISO 22001:2015	
Legal Status of Organization: ☐ **PROPRIETORSHIP** ☐ **PARTNERSHIP** ☐ **PRIVATE LIMITED** ☐ **PUBLIC LIMITED** ☐ **SOCIETY / NGO** ☐ **GOVT UNDERTAKING** ☐ **OTHER:**			
Number of employees:		**Number of shifts:**	
Scope:			
Exclusions (if any):			

Certifications requested:

☐ **ISO 9001:2015**

☐ **ISO 14001:2015**

☐ **ISO 45001:2018**

Outsourced Process (which affects the conformity of the product/service):

Certification program requested:

☐ **Initial certification**
☐ **Surveillance**
☐ **Recertification**

In the case of several certification programs, would you like the audits to be Combined or carried out separately? ☐ **Combined** ☐ **Separately**

If the answer is Combined, please specify which combination?

Have you called on the services of a consultant? ☐ **Yes /** ☐ **No**
If yes, please specify which one?

Declaration:
The information provides above is true to the best of our knowledge and Belief.

(Authorized signatory Name, Seal & Signature)
Name :
Position :
Date :

FOR ACQ USE ONLY: Reviewed By :

Date:

Can the application be further processed? **Yes /** **No**

☐ ☐

For requesting Environmental Management System certification ISO 14001:2015

How many sites is your company managing at the same time?

A Register of Significant Environment aspect? ☐ Yes ☐ No

An Internal Environmental Audit Program? ☐ Yes ☐ No

Has the Internal Environmental Audit Program been implemented? ☐ Yes ☐ No

For requesting Occupational Health & Safety management System certification ISO 45001:2015

How many sites is your company managing at the same time?
Hazard's Identified?

Please detail any critical occupational health & safety risks identified:

Potential hazards and other factors	Range indicators for determining scores	Score
Dangerous Goods	1. There are some dangerous goods (but not licensable quantities).	☐ Yes ☐ No ☐ NA
	2. There are licensable quantities of dangerous goods.	☐ Yes ☐ No ☐ NA
Vehicle/pedestrian interaction (including fork-lifts)	1. There is vehicle traffic that has the potential to interact with employees or other persons but this interaction is very limited due to the low numbers of vehicles involved and limited potential pedestrian impact.	☐ Yes ☐ No ☐ NA
	2. There are a number of forklifts or other vehicle movements around employee work areas, and/or pedestrians are able to enter vehicle work zones.	☐ Yes ☐ No ☐ NA
Powered plant (including building plant rooms)	1. Powered plant is used occasionally	☐ Yes ☐ No ☐ NA
	2. Powered plant is used regularly or daily	☐ Yes ☐ No ☐ NA
Other plant (including scaffolding) or mechanical hazards	1. Other plant is used occasionally	☐ Yes ☐ No ☐ NA
	2 Other plant is used regularly or daily	☐ Yes ☐ No ☐ NA
Manual handling (includes Occupational Overuse Syndrome)	1.There is handling, storage, transport or use of hazardous substances	☐ Yes ☐ No ☐ NA
	2.There is handling, storage, transport or use of hazardous substances on a daily basis by a number of persons	☐ Yes ☐ No ☐ NA
Atmospheric contaminants other than hazardous	1. There has been or could be the need to test atmospheric contaminants to confirm they are below hazardous levels	☐ Yes ☐ No ☐ NA

substances (excludes confined spaces)	2. There are known airborne contaminants in the atmosphere requiring breathing apparatus to be worn on a regular basis (may be in limited parts of the worksite).	☐ Yes ☐ No ☐ NA
Use of ionizing or non-ionizing Radiation	1. There are low radiation sources	☐ Yes ☐ No ☐ NA
	2. There are high radiation sources	☐ Yes ☐ No ☐ NA
Confined Space	1 There is a confined space requiring entry	☐ Yes ☐ No ☐ NA
	2 There are a variety of confined spaces requiring entry and/or a number of teams operating in confined spaces.	☐ Yes ☐ No ☐ NA
Slips, trips and falls	1 There are slip, trip or fall hazards	☐ Yes ☐ No ☐ NA
	2 There are a range of activities that expose people to slip, trip and fall hazards	☐ Yes ☐ No ☐ NA
Noise	1. There are nuisance noise levels that do not exceed the maximum legislated noise level	☐ Yes ☐ No ☐ NA
	2. There are noise levels that exceed the maximum legislated noise level	☐ Yes ☐ No ☐ NA
Thermal environment	1. There is exposure to extreme thermal discomfort	☐ Yes ☐ No ☐ NA
Below groundwork environment	1. There is occasional below groundwork	☐ Yes ☐ No ☐ NA
	2. There is regular or daily below groundwork	☐ Yes ☐ No ☐ NA
Storage and/or use of explosives	1. There are explosives on site 2. There are explosives being used	☐ Yes ☐ No ☐ NA
Electrical hazards	1: Use of electrical equipment	☐ Yes ☐ No ☐ NA
	2: Occasional need for personnel to work on electrical equipment	☐ Yes ☐ No ☐ NA
	3: Regular or daily need for personnel to work on electrical equipment	☐ Yes ☐ No ☐ NA
Pressurized environment	There is work in a pressurized environment	☐ Yes ☐ No ☐ NA
Threats of bullying, violence or occupational assault	1.Exposure to internal bullying or violence	☐ Yes ☐ No ☐ NA
	2.: Exposure to external bullying or violence	☐ Yes ☐ No ☐ NA
	3: Both conditions apply	☐ Yes ☐ No ☐ NA