Date:

Management Systems Sector

Japan Quality Assurance Organization

**Request for Quotation**

**ISO 9001**

**Information of the Requester**

|  |  |
| --- | --- |
| Company/Organization Name: | |
| Address: | |
| Section: | Name of Person in Charge: |
| TEL: - - | FAX: - - |
| E-mail: | |
| Due Date Request for the Quotation: | Via: □ FAX □ E-Mail |

\* Your personal information filled in above will be used for the communication and coordination on requested audit service, and information provisions and investigations of our new services. Your personal information will be controlled in accordance with relevant laws and our rules.

**Please fill in the following questionnaire as much as possible.**

|  |  |  |
| --- | --- | --- |
| **1.** | **Company/Organization Name**:  \* Fill in where it differs from above | |
| **2.** | **Address**:  \* Fill in where it differs from above | |
| **Does your company/organization have more than 1 place to be registered?**  **(e.g. Factories, Sales Offices, Multiple Sites, Subcontractors)**  □ Yes □ No  => If “Yes”, please also fill in the Annex and submit to us with your Organization Chart | |
| **3.** | **Audit Standard:** | □ ISO 9001:2015  □ ISO 9001:2008 (Application Due Date: End of March 2017) |
| **4.** | **Audit Type:** | □ Initial Registration  □ Registration Transfer  (Name of Current Accredited Certification Body 　　　　　　)  => Next Audit to be implemented □ Surveillance □ Renewal |
| **5.** | **Quotation of the Audit You Need After the Registration/Transfer:**  □ Surveillance (Frequency □ Annual □ Semi-Annual)  □ Renewal | |
| **6.** | **Registration Certificate:** | □ In Japanese and English □ In Japanese Only □ In English Only |
| **7.** | **Scope of Activities to be Registered:** | |
| **8.** | **Does your company/organization have any work processes to be implemented at your customers’ sites?**  □ Yes (Detail of the work processes: )  => □ At determined places (Detail: )  □ At alternative places (Detail: )  □ No | |
| **9.** | **Application of ISO 9001 Requirements:**  □ No non-applicable (excluded) clauses  □ We have non-applicable (excluded) clauses (Clause No.: )  □ We don’t know at this moment | |
| **10.** | **Number of Employees to be Covered**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Full-Time Employees | Part Time Employees | | Total Number of Employees | | 4 Hours or More | Less than 4 Hours | | Number |  |  |  |  | | |
| **11.** | **Is your company/organization introducing Work Shifts?**  □ Yes (Please fill in the table below) [Example]   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Work Process | No. of Employees | No. of Shift Groups | Working Hours |  | Work Process | Number of Employees | Number of Shift Groups | Working Hours | |  |  |  |  |  | Production | 20 | 1st Shift | 8:15-15:30 | |  |  |  |  |  | Production | 20 | 2nd Shift | 14:45-21:00 | |  |  |  |  |  | Production | 20 | 3rd Shift | 21:00-9:00 | |  |  |  |  |  | Production | 20 | DayTime Shift | 8:15-16:00 | |  |  |  |  |  | Production | 20 | Day Off | - | |  |  |  |  |  |  |  |  |  |   □ The Employees who are working full-time at the covered site are only a part of employees belong to the administration sector, and most of the employees are engaging in single activity outside the company/organization, such as sales, service provision, transportation operation, etc.  □ Most of the employees are engaging in the simple function work processes according to the established procedures, such as assembly-line work, inspection, etc. | |
| **12.** | **Does your company/organization have any other Management System certifications?**  □ Yes in above certification body  => Registered/Certified Standard: Certificate No.  Name of the Certification Body:  □ No | |

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| **For JQA Use Only**  Project No.: A  Initial Audit: 1st 　　　　 MD，2nd　　　　 MD  Surveillance Audit: 　　　　 MD, Renewal Audit: 　　　　 MD |

**Annex**

**List of Associated Organizations**

Please fill in the following list and submit to us with your Organization Chart, in case where your organization has multiple sites to be audited.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Main Company/Organization to be Registered | | Business Activities | Number of Employees | |
| Full  Time | Others |
| 1 | Name and Address:  See1. and 2. above | □ Central Office Function / General Admin Section |  |  |
| □ Head Quarter / Management Function |  |  |
| □ Product Manufacturing / Service Provision |  |  |
| □ Design, Development or Research |  |  |
| □ Sales |  |  |
|  | | | | |
| Associated Organizations | | Business Activities | Number of Employees | |
| Full  Time | Others |
| 2 | Name:  Address:    Travel time: hours from the main company/organization\* | □ Central Office Function / General Admin Section |  |  |
| □ Head Quarter / Management Function |  |  |
| □ Product Manufacturing / Service Provision |  |  |
| □ Design, Development or Research |  |  |
| □ Sales |  |  |
| 3 | Name:  Address:    Travel time: hours from the main company/organization\* | □ Central Office Function / General Admin Section |  |  |
| □ Head Quarter / Management Function |  |  |
| □ Product Manufacturing / Service Provision |  |  |
| □ Design, Development or Research |  |  |
| □ Sales |  |  |
| 4 | Name:  Address:    Travel time: hours from the main company/organization\* | □ Central Office Function / General Admin Section |  |  |
| □ Head Quarter / Management Function |  |  |
| □ Product Manufacturing / Service Provision |  |  |
| □ Design, Development or Research |  |  |
| □ Sales |  |  |
| 5 | Name:  Address:    Travel time: hours from the main company/organization\* | □ Central Office Function / General Admin Section |  |  |
| □ Head Quarter / Management Function |  |  |
| □ Product Manufacturing / Service Provision |  |  |
| □ Design, Development or Research |  |  |
| □ Sales |  |  |
| **\*** Please fill in the estimated travel time between the main company/organization and the associated organization. | | | | |
| Total Number of Organizations: | | Total Number of Employees in All Organizations | | |

If you need more entry fields for associated organizations, please feel free to make photocopies.

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