Date:

Management Systems Sector

Japan Quality Assurance Organization

**Request for Quotation**

 **OHSAS 18001**

**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 Type:** | □ Initial Registration□ Registration Transfer (Name of Current Accredited Certification Body ) => Next Audit to be implemented □ Surveillance □ Renewal |
| **4.** | **Quotation of the Audit You Need After the Registration/Transfer:**□ Surveillance □ Renewal |
| **5.** | **Registration Certificate:** | □ In Japanese and English □ In Japanese Only □ In English Only |
| **6.** | **Scope of Activities to be Registered:**  |
| **7.** | **7-1. Number of Employees to be Covered**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full-Time Employees | Part Time Employees | Employees of contractors within the premises | * Total Number of Employees
 |
| 4 Hours or More | Less than 4 Hours |
| Number |  |  |  |  |  |

\* For the “Total Number of Employees”, enter the number of all employees including Full-Time, Part-Time and Contractors within the premises, associated organizations, etc.\* Examples of ”contractors within the premises”: Affiliated companies, cooperating companies, subcontractors, etc. \* The audit Man-day will be calculated based on the numbers, so please fill out correctly. **7-2.** Number of employees of the above who conduct low risk activities with regards to Occupational health and safety: (E.g.: Organization's back-office (General Affairs, Accounting etc.） |
| **8.** | **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 | - |
|  |  |  |  |  |  |  |  |  |

 |
| **9.** | **Name, number of employees, and business activities of contractors within the premises.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Company name | Number of employees | Business Activities |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |
| (4) |  |  |  |

 |
| **10.** | **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 |

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

**Annex**

**List of Associated Organizations**

|  |  |  |
| --- | --- | --- |
| Main Company/Organization to be Registered | Business Activities | Number of Employees |
| 1 | Main Company/OrganizationName, Address and Business Activities: See 1., 2. And 6.above |  |
|  |
| Associated Organizations | Business Activities  | Number of Employees |
| 2 | Name: Address: 　　 　　  Travel time: hours from the main company/organization\* |  |  |
| 3 | Name: Address: 　　 　　  Travel time: hours from the main company/organization\* |  |  |
| 4 | Name: Address: 　　 　　  Travel time: hours from the main company/organization\* |  |  |
| 5 | Name: Address: 　　 　　  Travel time: hours from the main company/organization\* |  |  |
| **\*** 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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