Application /Request for Quotation

A MARK RATINGS PRIVATE LIMITED

✓	Initial Certification		Re- Certification		Transfer of Certification

Please complete this questionnaire and forward it to A Mark Ratings Private Limited who will then provide you with a written proposal. Any information will be treated as confidential and will not be disclosed or discussed with any third party.

Company Name					
Address					
City		PIN Code		Country	
Tel Number				Contact Name	
Fax Number				Position	
Web Site				E-mail	
Standard(s) to be assessed				Any exclusion of the standard requirements	
Accreditation Required				Other Information	

Scope: Please describe what activities your organisation carries out.

Please list any additional site(s) to be included in the scope of registration

Total Employees				No. of Shifts	

Employee Details		Full Time	Part Time		Full Time	Part Time
	Design			Store		
	Production			Accounts		
	Sales			Quality/MS		
	Purchase			Others		

Approx. number of sub-contractors used on average (if applicable).		Describe the type of work subcontracted (if applicable).	
Legal and Statutory Requirements		Certified in other systems	

Audit Mode ☐ Physical/ Onsite ☐ Virtual/Remote

Details of Virtual Site if any:

Quality Management System ISO 9001:2015

Number of Sites to be Audited? ☐ Single ☐ Multiple

Is the Clause" Design & Development" included in the Scope of Organization? ☐ Yes ☐ No

Is there any process that affects the product conformity and is outsourced? ☐ Yes ☐ No

* Attach Statement of Non Applicability (SONA) as per **Annexure A** of ISO 9001:2015 ☐ Yes ☐ No

Legal Obligations if any : Yes

Environmental Management System ISO 14001:2015

Number of Sites to be Audited? ☐ Single ☐ Multiple

Whether Initial Environmental Review (IER) available? ☐ Yes ☐ No

Whether Register of Significant Aspects / Impacts available? ☐ Yes ☐ No

Whether Legal Register available? ☐ Yes ☐ No

Whether Environmental Management Program (EMP) available? ☐ Yes ☐ No

Has EMP been implemented? ☐ Yes ☐ No Attach List of Compliance Obligations ☐ Yes ☐ No

☐ **Occupational Health & Safety System ISO 45001:2018**

Number of Sites to be Audited? ☐ Single ☐ Multiple Have you identified Key Hazards & Risks? ☐ Yes ☐ No

If yes, List of Hazardous materials any relevant legal obligations.

Personal working onsite and off-site.

Detail all identified Critical occupational health and safety risks and processes.

Whether any Incident/ Accident in Past? ☐ Yes ☐ No

☐ **Food Safety Management System ISO 22000:2018**

Number of Sites to be Audited? ☐ Single ☐ Multiple

Have you implemented HACCP Principles? ☐ Yes ☐ No

Any seasonality issues? ☐ Yes ☐ No

Total No of HACCP Studies (As per ISO/TS 22003:2013) _____

How many process lines are there in production _____

Any Prior Audits Conducted ☐ Yes ☐ No

If Yes , attach audit findings

Other Factors(Kindly Confirm No's):-

Product Types=_____ ; Product Lines=_____ ; Product Development=_____ ; CCP=_____ ; OPRP=_____ ;

Building Area=_____ ; Infrastructure=_____ ; In House Lab Testing=_____ ; Translator Requirements=_____ ;

☐ **Information Security Management System ISO 27001:2022**

☐ **Service Management System ISO 20000-1:2018**

Number of Sites to be Audited? ☐ Single ☐ Multiple

Has a Statement of Applicability been compiled? ☐ Yes ☐ No

No. of user = ……..... No. of sites = ……..……..

No. of servers = ……..…….. No. of Workstations (PC + Laptops) = ……..…..

Any Prior Audits Conducted ☐ Yes ☐ No

If Yes , attach audit findings:……..……..

☐ **Energy Management System ISO 50001:2018**

Number of Sites to be Audited? ☐ Single ☐ Multiple

Annual Energy Consumption=

Number of energy Sources=

Number of significant energy uses (SEUs) =

☐ **Medical Device Quality Management System ISO 13485:2016**

Number of Sites to be Audited? ☐ Single ☐ Multiple

Outsourced process:

Critical activity:

Question	Yes	No
Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling)		
Is the product intended to be a component/part of a medical device?		
Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabeling, remanufacturing of other medical devices)?		
Is the product supplied sterile?		

Does the product contain software developed by the client organization or a supplier?		
Is "Design and Development" in the scope of the ISO 13485 certification (e.g., when public law permits exclusion of design and development which is the case very often for low-risk medical devices)?		
Is the product (Raw Materials, Parts, Components, Subassemblies, Maintenance Services, or Other Services) intended to support associated medical devices? Note: Refer to the note in Annex A, Table A.1.7, a) as an example.		
*Kindly select applicable answer in above question series.		

☐ **Business Continuity Management System ISO 22301:2019**

Number of Sites to be Audited? ☐ Single ☐ Multiple

Business Impact Process Defined ☐ Yes ☐ No

Strategies and Methodologies for reducing the impact and the likelihood of disruptive Incidents Defined ☐ Yes ☐ No

☐ **Anti-Bribery Management System ISO 37001:2016**

Number of Sites to be Audited? ☐ Single ☐ Multiple

Bribery Risk Assessment is Defined ☐ Yes ☐ No

List of Bribery Indicator Defined ☐ Yes ☐ No

For IMS (Integrated Management System) Only

		1	2	3	4	5
Level of Integration for IMS Only Please Tick Mark on the scale of 1 to 5. (1 being the lowest and 5 being the highest)	If documents for all systems are integrated					
	If Management Review is common for all systems					
	If Internal Audit is covering all systems under IMS					
	If Policy & Objectives are integrated under IMS					
	If process are integrated					
	If corrective, preventive action, measurement and continual improvement system are integrated					
	If management support & responsibilities are integrated					

In Case of Transfer from other Certification Bodies

Certification Body Name & Accreditation		Certificate Expiry Date	
Last Audit Date		**Attach Last Audit Report and Certificate**	
When you will be ready for audit?			

Information related to Client Organisation

Date of the system(s) implementation		
Latest Internal Audit Date		
Latest MRM Date		
If you hired services of any consultant/organisation	Name	
	Address	
If already certified for any standard CAB Details		
identifying confidential or sensitive information which needs special instruction (When Visit at		

your Place)	
identifying if any special safety, Hygiene or security equipment required to AMRPL Team (When Visit at your Place)	
Is there any process that affects the product conformity and is outsourced?	☐ Yes ☐ No (If Yes, Please Describe Below)

Signature		Date	

Please return this form to :

A Mark Ratings Private Limited
301, Sagar Complex Kolar Road Banjari Aashirwad Colony Bhopal - 462042 (M.P.), INDIA
Helpline: 0755-4938413
E Mail: info@amarkratings.com, Web: www.amarkrating.com