

Issue date: 30-08-2022

Rev. No: 05

## **Application /Request for Quotation LMS ASSESSMENT SERVICES PVT. LTD.**

✓ Initial Certification Re- Certification Transfer of Certification

Please complete this questionnaire and forward it to LMS Assessment Services Pvt. Ltd. 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 Country Code 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 No. of Shifts Total **Employees** Full Part Full Time Part Time Time Time Design Store **Employee Details** Production Accounts Quality/MS Sales Purchase Others Approx. number of sub-Describe the type of contractors used on average (if work subcontracted (if applicable). 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

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**LMS-FM-003** 



## **Application /Request for Quotation**

Initial Certification

LMS ASSESSMENT SERVICES PVT. LTD.

Re- Certification

Transfer of

	ertification	
Occupational Health & Safety System ISO 45001:2018		
Number of Sites to be Audited? ☐ Single ☐ Multiple Have you identified Key Hazards & R	isks? □ Yes □ No	0
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= ; OPF	RP=;	
Building Area=; Infrastructure=; In House Lab Testing=; Translator Requirement	ents= ;	
□ Food Safety System Certification FSSC 22000		
Number of Sites to be Audited? ☐ Single ☐ Multiple		
Have you implemented FSSC 22000 Version 4.1? ☐ Yes ☐ No		
If Yes		
Date of Implementation		
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= ; OPF	RP=;	
Building Area=; Infrastructure=; In House Lab Testing=; Translator Requirement	ents= ;	
□ Information Security Management System ISO 27001:2013		
□ 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 servers =		
Any Prior Audits Conducted ☐ Yes ☐ No		
If Yes , attach audit findings:		



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□ 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 Manage	gement System ISO 13485:2	<u>2016</u>					
Number of Sites to be Audited?	☐ Single ☐	l Multiple					
Outsourced process:							
Critical activity:							
Question			\	Yes		No	
Is the product a nearly finished a	nd assembled medical device	e? (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 co	omponent/part of a medical d	evice?					
Is the organization contracted to	carry out any activities that a	re regulated by a medical device					
regulation (e.g., relabeling, rema	nufacturing of other medical of	devices)?					
Is the product supplied sterile?							
Does the product contain softwar	e developed by the client org	ganization or a supplier?					
Is "Design and Development" in t	he scope of the ISO 13485 c	ertification (e.g., when public law					
permits exclusion of design and	development which is the cas	e very often for low-risk medical					
devices)?							
Is the product (Raw Materials, Pa	arts, Components, Subassem	blies, Maintenance Services, or Other	-				
Services) intended to support ass	sociated medical devices?						
Note: Refer to the note in Annex	A, Table A.1.7, a) as an exar	mple.					
*Kindly select applicable answer	in above question series.						
☐ Business Continuity Managemen	t System ISO 22301:2019						_
Number of Sites to be Audited?	☐ Single ☐	l Multiple					
Business Impact Process Defined	□ Yes □	l No					
Strategies and Methodologies for Incidents Defined		ikelihood of disruptive No					
☐ Anti-Bribery Management Sys	stem ISO 37001:2016						
Number of Sites to be Audited?	☐ Single ☐	l Multiple					
Bribery Risk Assessment is Define	ed 🗖 Yes 🗖	l No					
List of Bribery Indicator Defined	□ Yes □	l No					
	For IMS (Integrated Mana	gement System) Only					
Level of Integration for IMS Only	If documents for all systems	s are integrated	1	2	3	4	5
Please Tick Mark on the scale of							
1 to 5. (1 being the lowest and 5	If Management Review is co	ommon for all systems					
being the highest)	If Internal Audit is covering	all systems under IMS					
	If Policy & Objectives are in	tegrated under IMS					
	If process are integrated						
	If corrective, preventive acti	on, measurement and continual					

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	improvement system are integrated								
If management supp			port & responsibilities	are integr	rated				
In Case of Transfer from other Certification Bodies									
Certification Body Name & Accreditation				Certificate Expir	y 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 syste	m(s) impler	nentation							
Latest Internal Audit Date									
Latest MRM Date									
If you hired services of any		Name							
consultant/organisation		Address							
If already certified for any standard CAB Details									
identifying confiden	ntial or sensi	tive information							
which needs speci	ial instruction	<mark>ı (When Visit at</mark>							
your Place)									
identifying if any special safety, Hygiene or									
security equipment required to LMS Team									
(When Visit at you	r Place)								
Is there any proces	ss that affect	s the product	☐ Yes ☐ No (If Yes, Please Describe Below)			)			
conformity and is outsourced?									
Signature				Date					
Please return this for	rm to :								
	TC		sment Services Pvt. I Munshi Puliya, Luckno		26016				
	IF		11; Helpline: +91 955						
	EM		rar.com Web: http://lm						