



Application /Request for Quotation

LMS Assessment Services Private Limited/ LMS Assessments Limited

Initial Certification

Re- Certification

Transfer of Certification

Please complete this questionnaire and forward it to LMS Assessment Services Private Limited / LMS Assessments 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	
	Full Time	Part Time
Employee Details	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



Application /Request for Quotation

LMS Assessment Services Private Limited/ LMS Assessments Limited

Initial Certification

Re- Certification

Transfer of Certification

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		



Application /Request for Quotation

LMS Assessment Services Private Limited/ LMS Assessments Limited

Initial Certification

Re- Certification

Transfer of Certification

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

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	1	2	3	4	5
	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	<u>Attach Last Audit Report and Certificate</u>		
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	



Application /Request for Quotation

LMS Assessment Services Private Limited/ LMS Assessments Limited

Initial Certification

Re- Certification

Transfer of Certification

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 LMS 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 :

LMS Assessment Services Private Limited

Corporate Office: TF14, 15 Aarohi arcade, Sector-16, Munshi Puliya, Lucknow-226016

LMS Assessments Limited

Bartle House, Oxford Court Manchester, M2 3WQ United Kingdom

Helpline: +44-7904664589

E Mail: info@lmscert.uk, Web: www.lmscert.uk