Please send the duly filled up QRF to <csmsystems.info@gmail.com> .

1. **COMPANY DETAILS**

|  |  |
| --- | --- |
| Name of the Organization  |  |
| Site I Address  |  |
| Site II Address  |  |
| Phone/ contact no.  | **Fax:** |
| Email Address |  Website: |
| Management Representative | **Mr. / Ms.** |
| Position in the organization  |  |  |

**2. STANDARD FOR IMPLEMENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| QMS ISO 9001 |  | **FSMS ISO 22001** |  |
| **EMS ISO 14001** |  |  **OH&SMS ISO 18001**  |  |
| SA 8000 |  |  ISMS ISO 27001 |  |
| CE MARK |  | GMP |  |
| HACCP |  | IMS |  |
| Recommended Scope of Certification:  |
|  |

1. **NUMBERS OF STAFF**

|  |  |  |
| --- | --- | --- |
| Total No. of Employees **\_\_\_\_**  | **\_\_\_\_**in Administration**\_\_\_\_**in Purchase**\_\_\_\_**in Sales & Marketing**\_\_\_\_**in Store & dispatch  | **\_\_\_\_**in Production**\_\_\_\_**in Quality Control**\_\_\_\_**in Maintenance **\_\_\_\_**in Other Area |

**4. TOTAL NO. OF SHIFTS :**

**5. PROCESS ACTIVITIES**

|  |  |
| --- | --- |
| Your main Products/ Services |  |
| Do you design/ develop your product/ service ? |  |
| If you do not design your product which standard(s) you follow to mfg./ process your product/ service ? (ex. national, international standard, customer's specification etc.) |  |
| Your main Customers |  |
| Your outsourced process(es)  |  |
| Do you comply with applicable statutory requirements related to Quality / Environment / Safety  |  |
|  A brief description about your core process  |  |
| If already certified please mention details (ex. criteria, certifying body, date of certificate etc.  |  |
| Action Taken amid COVID19 |  |
| Type of certification (if required) | Initial Transfer  |
| Your expectation from CSM, please provide details (ex. Documentation/ training/ internal audit/ certification support/ review of the established system etc.) |  |

**6. AUTHORISATION**

|  |  |
| --- | --- |
| Name |  |
| **Position** |  |
| Sign | **Date:** |
| **Remarks (if any)** |  |