REQUEST FOR QUOTATION

In order to provide you with an accurate Quotation, please complete the following form. A Quotation will be provided within two business days. **If you have any questions, please do not hesitate to contact us on (08) 8325 1471 or by email to admin@qcse.com.au.**

Organisation Details

Name of Company to be Certified

Company Representative			
First Name		Last Name	
Position			
Phone number			
Email address			

Locations to be Covered by Certification (Street, Suburb, State and Post Code)		Total Staff
Head Office		

Addresses of additional permanent sites to be included in certification:

Site 1		
Site 2		
Site 3		

How many shifts are worked at Head Office?

Are any of the company's activities outsourced? If yes, please provide details

Description of key business functions/activities

When would you like to conduct your first audit?	
☐	ASAP
☐	Other (month/year)

Continued overleaf

QUALITY CONTROL SERVICES (ENVIRONMENTAL) PTY LTD

"Assisting you to make the process work"

ABN 16 994 323 622
10 Rosina Street, WOODCROFT
South Australia 5162
Telephone: (08) 8325 1471
admin@qcse.com.au
www.qcse.com.au

WWW.JAS-ANZ.ORG/REGISTER

REQUEST FOR QUOTATION

QCSE

Certification Sought (please select appropriate)

Standard or Program	
☐	ISO 9001:2015 - Quality Management System
☐	ISO 14001:2015 - Environmental Management System
☐	ISO 45001:2018 - Occupational Health and Safety Management System (International)
☐	HACCP
☐	DIT (SA) Building Pre-qualification scheme
☐	Other
☐	Other

OHSMS System Application (ISO 45001 only)

(If applying for ISO 45001, please provide the following with your application)

Documents Required	Attached
Risk/Hazard Register (identification of key hazards at a minimum) or similar document	☐
List of Hazardous Materials Used	☐
Legal Requirements Register (identifying the organisation's legal obligations) or similar document	☐
Does your organisation provide services at another organisation's premises?	Yes ☐ No ☐
If yes, does your OHSMS cover these activities?	Yes ☐ No ☐

If Requesting a Transfer from another Certification Body

Current Certification information	
Current service provider	
Next audit due will be a	Recertification Audit ☐ or Surveillance Audit ☐
Month next audit is due	
Original certification date	
Certification expiry date	

Your name	Date

Print Form | Save as PDF | Clear Form

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