	TEAM QUALITY **Application/Quotation Request**	**No.**	**FM - 07**
		Rev No.	**0**
		Issue No	**1**
		Date	**1-02-2020**
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Document No: FM-07

Please complete this questionnaire and forward it to Team quality .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	Cairo	Code		Country	
Tel Number				Contact Name	
Fax Number				Position	
Web Site				E-mail	

Standard(s) to be assessed		9001 exclusions	
Accreditation Required		Other Information	

Scope:

The company operates in more than one field

1 The field of information technology, where we provide high-accuracy software based on the automation of departments within any organization with the provision of strong databases that give accurate reports to the concerned parties

2 The field of training, where we offer training courses in cooperation with Egyptian universities to prepare young people for the labor market with strong skills, both in their fields

3 The field of consultancy, where we provide feasibility studies, financial studies and market studies to those who have problems in their institutions in terms of strengths and weaknesses to increase their profitability. We also provide full support services for those who want to do small projects or entrepreneurship

Please list any additional sites to be included in the scope of registration

Please list the number of employees in each area/site (Please use additional sheets if required)	Full Time	Part Time	Shifts	Full Time (Site 2)	Part Time (Site 2)	Shifts (Site 2)
Manufacturing/Service area						
Quality Control/Technical						
Administration						
Storage/Warehouse						
Other						
Management						
Total Employees (Full time equivalent)						
Approx. number of sub-contractors used on average if applicable.		Describe the type of work subcontracted if applicable.				

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 as per **Annexure A** of ISO 9001:2015 ☐ Yes ☐ No

Legal Obligations if any _____

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 OHSAS 18001:2007**

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

Number of Sites to be Audited? ☐ Single ☐ Multiple Have you identified Hazards? ☐ 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 Incident/ Accident Register available? ☐ Yes ☐ No

Imp: Please furnish Table-1 and attach with Quotation request Form Attached as above ☐ Yes ☐ No

☐ **Food Safety Management System ISO 22000:2005**

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

☐ **Food Safety System Certification FSSC 22000**

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=_____ ;

Medical Device Quality Management System ISO 13485:2016

Number of Sites to be Audited? ☐ Single ☐ Multiple

Outsourced process:

Critical activity:

When you will be ready for audit?	
Date of the system(s) implementation	
Consultants who helped to develop your system	
Name of the CB, if already certified	

Signature:		Date:	

Please return this form to :

Team quality – office No 9, Alyousra Building - Alsaba Emarat - Sadat City – Monufia Government

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