Quality Control Services (Environmental)

"Assisting you to make the process work"

REQUEST FOR QUOTATION

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

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URGANISATION	DETAILS				
Name of Company to be Certified					
	Covered by Certification (Street, Suburb, State and Post Code)	Total Staff			
Head Office					
Additional location	s required to be certified:				
Location #1					
Location #2					
Location #3					
For additional location	ns, please provide further detail				
Company Repre	sentative				
First Name					
Last Name					
Position					
Phone number					
Email address					
Description of k	ey business functions/activities				
<u>.</u>	- ,				
How many shifts	s are worked at Head Office?				
When would vo	u like to conduct your first audit?				
ASAP	,				
Other (month/ye	ar)				

Quality Control Services (Environmental**)**

CERTIFICATION SOUGHT (please select appropriate)

Stan	Standard or Program				
	ISO9001:2015 - Quality Management System				
	ISO14001:2015 - Environmental Management System				
	AS/NZS 4801:2001 - Occupational Health and Safety Management System (Australia/New Zealand				
	OHSAS 18001:2007 - Occupational Health and Safety Management System (International)				
	ISO 29990:2010 - Learning Services for Non-Formal Education and Training				
	ISO 31000:2009 - Risk Management				
	HACCP				
	DPTI (SA) Building Pre-qualification scheme				

IF TRANSFERRING 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