



# 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](mailto: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](mailto:admin@qcse.com.au)  
[www.qcse.com.au](http://www.qcse.com.au)



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## 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
	DPTI (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

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