|  |  |
| --- | --- |
|  | **Request For Quotation (RFQ)** |
| **Name of Organisation** |  |
| **Address** |  |
| **Contact Name** |  | **Function**  |
| **Telephone number** |  | **Email**   |
| **Direct dial number** |  | **Web address**  |
| **STANDARD / SCHEME *(please indicate):*** |
| ISO 9001 - QualityISO 50001 - Energy **[[1]](#footnote-1)1**ISO 22000 - Food Safety **1**ISO 22000 & FSSC **1**Excellence Through People ETP**1**ISO 22301 - Business Continuity | [ ] [ ] [ ] [ ] [ ] [ ]  | ISO 14001 - EnvironmentISO 27001 - Information Security **1**ISO 27701 – Privacy Information **1**ISO 55001 - Asset managementISO 15489 – Records managementISO 16950-2 - BIM  | [ ] [ ] [ ] [ ] [ ] [ ]  | ISO 45001- Health & Safety **1**ISO 45001 & SSIP **1**ISO 14064-1 - GHG (Org. level)ISO 20121 - Event SustainabilityCE Marking under CPR **[[2]](#footnote-2)** | [ ] [ ] [ ] [ ] [ ]  |
| OTHER: (please use standard number):  |  |
| Integrated Management System | Yes[x]  | No [ ]  | **If ‘Yes’ please specify level of integration (%):**  |  |
| **Please contact** **medical.devices@nsai.ie** **for request forms for the following:**▪ ISO 13485 Medical Devices ▪ MDSAP ▪ EU Medical Device Regulation  2017/745 ▪ EU In Vitro Device Regulation 2017/746 ▪ Notified Body Opinion per Article 17 of MDR  |
| **TO PROCESS THIS REQUEST SECTIONS 1 TO 5 MUST BE ADDRESSED IN FULL** |
| **1** | Nature of Business / Scope of Certification: |  |
| If you outsource any process(s) please specify: |  |
| Organisation products/services **excluded** from application (if any): |  |
| **2** | **Number of people involved in the above business including subcontractors:** |  | Number in Design / Development / Research***Number in Design compulsory for BIM requests*** |  |
| **Staff Breakdown:*****List all functions and number of staff in each***If attaching additional pages or organisation chart please indicate here |  |
| **3** | **Location(s) for Assessment:*Full location address and staff numbers, by function, at each location is required*** If attaching additional pages please indicate here |  |
| **4** | Transfer from other accredited Certification Body: |  Yes [ ]  |  No [ ]  | **If ‘Yes' please submit a copy of your current certificate of registration with this form** |
| If ‘Yes’ Reason for transfer:  |  |
| If ‘Yes’ Last audit date:  |  |
| **5** | Shift times (if applicable): |  | Relevant Regulatory / Statutory Requirements |  |
| Name of Consultant (if used): |  |
| Additional information:  | Date request submitted to NSAI:  |
|  |
| **Please return completed forms to certification@nsai.ie** |
| OFFICE USE ONLY | IAF:       | EMS/EnMS/OHS Complexity:       |
|  | **Request For Quotation (RFQ)** |

**Step 1 - Application Step 3 – Stage 2 Assessment**

Organisation implements system

Registration (or Stage 2) audit

Request to NSAI for quotation

Acceptable response to NSAI

(cause, correction and corrective action)

Corrective action required before recommendation for registration

Findings reported at close of audit

Quotation sent

Application made to NSAI & Contract Review carried out

Application assigned to Lead Auditor

Grant of registration

**Step 2 – Stage 1 Assessment Step 4 - Certification**

Application assessed by Lead Auditor (Document Review)

Certificate of registration issued

Liaison with applicant on issues arising (if any)

Listed on NSAI website

Dates agreed for stage 1 audit

Ongoing assessment

On-site stage 1 audit

Continual improvement

[[3]](#footnote-3)

|  |
| --- |
| ***To purchase standards please visit*** [***www.standards.ie***](http://www.standards.ie) ***or Telephone +353 (0)1 857 6730***  |

1. ***1 Please use quotation request form specific to this standard, available on our*** [***website here***](https://www.nsai.ie/certification/get-a-quote/) ***or by emailing*** ***certification@nsai.ie*** ***stating the relevant standard.*** [↑](#footnote-ref-1)
2. ***Requests must be accompanied by a list of relevant hEN and AoC*** [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)