## TQCS INTERNATIONAL PTY LTD



ABN 59 065 953 924

# ENQUIRY FORM

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| **COMPANY DETAILS** | | | | |
| Company Name: | |  | | |
| Trading Name: | |  | | |
| EIN: | |  | | |
| Website: | |  | | |
| Postal Address: | |  | | |
| Site Address: | |  | | |
| Telephone: | |  | | |
| Primary Contact Name: | |  | | |
| Job Title: | |  | | |
| Email: |  | | Mobile: |  |
| Accounts Department Email: | |  | | |

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| **STANDARD(S) REQUIRED FOR CERTIFICATION** | | |
| ISO 9001:2015 | ISO 27001:2013 | TQCSI QHSE Code |
| ISO 14001:2015 | FSSC 22000 (V5) | TQCSI IS Code |
| ISO 45001:2018 | ISO 22000:2018 | TQCSI HR Code |
| ISO 55001:2014 | TQCSI HACCP Code | TQCSI SBQM Code |
| Others: | | |

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| **CONSULTANCY** | | |
| Did a consultancy assist with the development and implementation of the management system? | **Yes**  If **Yes**:  **No** | Name of consultancy:  Name of consultant: |

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| **INTEGRATED MANAGEMENT SYSTEM** | |
| Is the management system integrated for all Standards (ie same IMS management; common manual/instructions relevant to ISO Clauses 4, 5, 6, 9 & 10; integrated management review, internal auditing, objectives, approach to system processes, nonconformance reporting, corrective action, continual improvement and management support, including document control). | **Yes**  **No** |

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| **TRANSFER OF CERTIFICATION** | | |
| Transferring from another Certification Body? **Yes**  **No**  If Yes, complete the following: | | |
| Certification Body: | Standard(s): | Expiry Date: |

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| **SITES FOR CERTIFICATE & NO. OF EMPLOYEES:** | | | |
| **Address** | **Full Time** | **Part Time / Casual** | **Total**  **(full time employees) FTE** |
| **Head Office** (address if different to above): |  |  |  |
|  |  |  |  |
| **WORK OFF SITE:** | | | |
| Does the Company conduct work off-site? **Yes**  **No**  If Yes, complete the following: | | | |
| How many employees regularly work off-site: |  |  |  |

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| **PROCESSES:** *Describe the major processes/activities (eg design, fabrication, packaging, storage, distribution)* |
| **The scope of registration covers:** |
| **PRODUCTS OR SERVICES:** *Describe the types of products or services* |
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| **TECHNOLOGIES USED:** |
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| **MAJOR ACTIVITIES OUTSOURCED:** |
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