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| **NOTES ON THE COMPLETION OF THE REQUEST FOR QUOTATION (RFQ) FORM** |
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|  |
| Dear Organisation Representative,Before we can prepare an offer, we need some information about your organisation and staff. Please complete this Request for Quotation (RFQ) form from sections 1 to 14 and the relevant Appendix A, B, C or D for the particular standard. All information supplied will be treated with strict **confidentiality**. Your completion of this RFQ does not commit you to using our services and no fee will be charged for submission of the RFQ.**Guidance on Return of Forms**1. On receipt of this completed enquiry form, ZABS will prepare and submit a ***no obligation*** proposal detailing the assessment, certification and other costs.
2. Please return in electronic format via email certification@zabs.org.zm or alternatively in hard copy delivery to the following address:

Certification ServicesZambia Bureau of StandardsLechwe House, Freedom Way - South EndP.O. Box 50259ZA 15101 RidgewayLusaka, Zambia1. For any enquiries regarding completion of this form please contact us on +260 (0)777 764421 or email our certification unit certification@zabs.org.zm.
 |
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|  |
| 1. **ORGANISATION DETAILS**
 |
|  |  |  |  |
| Organisation Name |       | Contact Person |       |
|  |
| Physical Address |       | Position |       |
|  |  |  |  |  |
|  |       | Mobile |       |
|  |  |  |  |  |
|  |       | Email |       |
|  |
| Postal Address |  | Website (If applicable) |  |
|  |

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|  |
| 1. **SERVICES REQUIRED** (please tick)
 |
|  |
| Certification | [ ]  | Renewal of Certification | [ ]  |
|  |
|  |
| Extension of Scope | [ ]  | Transfer of Certification | [ ]  |
|  |

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|  |
| 1. **STANDARD/SCHEME** (please tick)
 |
|  |
| ISO 9001:2015 (Quality Management)**Complete all sections and Annex A** | [ ]  | ISO 45001:2018 (Health & Safety)**Complete all sections and Annex D** | [ ]  |
|  |
|  |
| ISO 14001:2015 (Environmental Management)**Complete all sections and Annex B** | [ ]  | GMP (Food Safety)**Complete all sections and Annex C** | [ ]  |
|  |
| ISO 22000:2018 (Food Safety)**Complete Annex C** | [ ]  | HACCP (Food Safety)**Complete all sections and Annex C** | [ ]  |
| Other Management Systems**Specify and complete all sections** | [ ]   | **Specify:**            |
|  |
| 1. **INTEGRATED MANAGEMENT SYSTEMS**
 |
|  |  |  |  |  |  |  |  |
|  | Yes |  No |
|  |
| Is your management system integrated? | [ ]  | [ ]  |
|  |  |
| If no, go to Section 5. | If yes, which management system standards are integrated? |       |
|  |  |  |  |
| The management system has an integrated approach to: |
|  |  |  |  |
|  | Yes | Partially | No |  | Yes | Partially | No |
|  |
| Policy and objectives | [ ]  | [ ]  | [ ]  |  | Management reviews | [ ]  | [ ]  | [ ]  |
|  |  |  |  |
| System processes | [ ]  | [ ]  | [ ]  |  | Corrective actions | [ ]  | [ ]  | [ ]  |
|  |  |  |  |
| Documentation | [ ]  | [ ]  | [ ]  |  | Risk management | [ ]  | [ ]  | [ ]  |
|  |  |  |  |

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| 1. **TRANSFERRING YOUR CERTIFICATION**
 |
|  |  |  |  |  |  |  |  |
| Are transferring your certification? | Yes | No | If no, go to Section 6. |
|  |
|  | [ ]  | [ ]  | If yes, please answer the following questions: |
|  |  |  |
| Which certificates do wish to transfer? |
|  |  |  |  |
| Certificate No. | Standard | Valid Until Date | Certification Body (CB) |
|  |
|       |       |       |       |
|  |
|       |       |       |       |
|  |
|       |       |       |       |
|  |
|       |       |       |       |
|  |
|  |
|  | Yes | No |
|  |
| Are your certifications currently active and are not in suspension or withdrawal? | [ ]  | [ ]  |
|  |  |  |  |
| Have any complaints been raised against your organization to your CB? | [ ]  | [ ]  |
|  |  |  |  |
| Is a regulatory body currently investigating you in relation to activities you are certificated for? e.g. ZEMA | [ ]  | [ ]  |
|  |
| Do you have any major non-conformities your current CB has not verified corrective actions? | [ ]  | [ ]  |
|  |
| Do you have any minor non-conformities your CB has not yet accepted your corrective action plans? | [ ]  | [ ]  |
|  |
| How frequently do you receive audits from your current certification CB: | Annual | [ ]  | 6 Monthly | [ ]  |
|  |
|  |
|  |
| Please detail your last audits up to and including the latest recertification or stage 2 audit |
|  |
| Audit Type (Surveillance/Recert/Stage 2/Special) | Audit Duration | Audit Date(s) |
|  |
|       |       |       |
|  |
|       |       |       |
|  |
|       |       |       |
|  |
|       |       |       |
|  |
| To support your transfer please provide the following: |
| Copies of your certificates | [ ]  | Audit reports for all audits conducted up to and including your last Recertification or Stage 2 audit | [ ]  |
|  |  |  |  |
|  |  |
| 1. **EMPLOYEE INFORMATION** (Main site or HQ)
 |  |
|  |  |
| Total no. of Employees |       | No. of shifts |       |  |
|  |  |
| If you only have one shift, complete shift 1 details only. |  |
|  |
| *Shift* | Shift 1 | Shift 2 | Shift 3 | Total Employees |
|  |  |  |  |  |  |
| *Shift times* |       |       |       |  |
|  |
| Finance |       |       |       |       |
|  |
| Administration |       |       |       |       |
|  |
| Human Resources |       |       |       |       |
|  |
| Marketing/sales |       |       |       |       |
|  |
| Logistics |       |       |       |       |
|  |
| Production and/or services |       |       |       |       |
|  |
| Engineering/Maintenance |       |       |       |       |
|  |  |
| Subcontracted |       |       |       |       |
|  |
| Temporal/Unskilled |       |       |       |       |
|  |
| *Total Employees* |       |       |       |       |
|  |  |  |  |  |
| Percentage of employees not involved in any way in activities related to the products requiring certification |       |
|  |
| Are significant number of your employees involved in the same basic similar tasks e.g. machine operators, sales persons, drivers etc.? | Yes | No |
| [ ]  | [ ]  |
|  |
| **If yes, please give details of the tasks and the number of employees involved.** |
|  |
|       |
|  |  |

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|  |
| 1. **MULTI-SITE**
 |
|  |
| Do you have additional sites for which you are seeking certification? (please tick) | Yes | [ ]  | No | [ ]  |
|  |
| If yes, please contact us to request a Site Supplement Spreadsheet |
|  |

|  |  |
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|  |  |
| 1. **REQUESTED SCOPE OF CERTIFICATION**
 |  |
|  |  |
|  |  |
| Please list the range of products and/or services that your organization provides: |       |
|  |  |
| Please list the main functions within your organization (e.g. design, engineering, production, service, management, marketing, sales): |       |
|  |  |
| Please list core processes (e.g. assembly, machining, consulting services, food service, electricity generation) & main technologies used: |       |
|  |
| Do you provide installation, contract site works or undertake your business activity at client locations? (please tick) |
|

|  |
| --- |
|  |
| Yes | [ ]  | No | [ ]  |

 |
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|  |
| 1. **OUTSOURCED ACTIVITIES**
 |
|  |
| Do you have outsourced or subcontracted activities? (please tick) |
|  |
|  |  | Yes | [ ]  | No | [ ]  |
|  |
| If yes, please details of outsourced or subcontracted activities: |
|  |
|       |
|  |

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|  |
| 1. **STAGE OF IMPLEMENTATION** (please tick)
 |
|  |
| At what stage of implementation are you in? |
|  |
| Researching | [ ]  | Implementing | [ ]  |
|  |
| System in place | [ ]  | Already certified | [ ]  |
|  |
|  |

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| --- | --- |
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| 1. **CONSULTANT USE**
 |  |
|  |  |
| Will you be using or have you used a consultant to help you implement/manage the management system? (please tick) | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide the consultant’s details below |
|  |
| Consultant’s name |       |
|  |  |
| Mobile |       |
|  |  |
| Email |       |
|  |  |

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| --- | --- | --- |
|  |  |  |
| 1. **TARGET ASSESSMENT DATE** (Only for new clients)
 |  |  |
|  |  |  |
| Do you have a target assessment date? | Yes | [ ]  | No | [ ]  | If yes, please indicate the date: |       |
|  |  |  |

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| --- | --- | --- |
|  |  |  |
| 1. **WHERE DID YOU HEAR ABOUT ZABS?** (Tick all that apply))
 |  |  |
|  |  |  |
| Already a client | [ ]  | Consultant | [ ]  | ZABS website | [ ]  |
|  |  |  |
| Recommendation from another company | [ ]  | Search engine e.g. Google | [ ]  | Trade publication | [ ]  |
|  |  |  |
| Exhibition | [ ]  | Social media | [ ]  |  |  |
|  |  |  |
| Other (Please specify) |
|  |  |  |
|       |
|  |  |  |

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| **14. COMPLETED BY** |
|  |  |  |  |  |  |  |  |  |  |
| Name  |       | Date |       |
|  |  |  |  |  |  |
| Position |       |  |  |
|  |

***Please ensure that annexes A, B, C and D of this form are also completed (as appropriate)***

ANNEX A – QUALITY MANAGEMENT SYSTEMS

**Only complete this section if applying for certification to the ISO 9001:2015 standard.**

|  |  |
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|  |  |
| **A1 DESIGN WORK AND NON-APPLICABLE REQUIREMENTS** |
|  |  |  |  |  |
| Do you undertake design and development of products and services? (please tick) | Yes | [ ]  | No | [ ]  |
|  |  |
|  |
|  |
| If yes, number of staff engaged in design activity: |       |
|  |  |
| Please list the requirements of ISO 9001 that you do not deem applicable to the proposed scope of the management system: |
|  |
| Clause | Reason |
|  |  |
|       |       |
|  |
|       |       |
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| **A2 PERMITS/LICENCES TO OPERATE** |  |
|  |  |
| Are your products and/or services subject to any permits/licences from a regulatory body? | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

ANNEX B – ENVIRONMENTAL MANAGEMENT SYSTEMS

**Only complete this section if applying for certification to the ISO 14001:2015 standard. The answers should consider all sites applying for certification.**

|  |  |
| --- | --- |
|  |  |
| **B1 PERMITS/LICENCES TO OPERATE** |  |
|  |  |
| Are your operations subject to any permits/licences from a regulatory body? | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

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|  |  |
| **B2 DISCHARGES TO WATER/SEWER** |  |
|  |  |
| Do you produce any industrial effluent (other than domestic sewage and surface water)? (please tick) | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

|  |  |
| --- | --- |
|  |  |
| **B3 DISCHARGES TO AIR** |  |
|  |  |
| Do you produce any industrial pollutants or contaminants to air? (please tick) | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

|  |  |
| --- | --- |
|  |  |
| **B4 WASTE** |  |
|  |  |
| Do you produce hazardous, special or clinical waste? (please tick) | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

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| --- | --- |
|  |  |
| **B4 NOISE AND NUISANCE** |  |
|  |  |
| Have you had complaints with respect to noise or other nuisances (smoke, dust, fumes, odours or other escapes) from your premises? (please tick) | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

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| --- | --- |
|  |  |
| **B4 SITE SENSITIVITY** |  |
|  |  |
| Are there any surface waters (rivers, lakes, streams, etc.) or boreholes within or adjacent to the site boundaries? | Yes | [ ]  | No | [ ]  |
|  |
| Is your site overlying groundwater of significance (e.g. major / minor aquifer)? | Yes | [ ]  | No | [ ]  |
|  |
| Do you have heritage or archaeological sites (historical sites, burial mounds etc.) on site? | Yes | [ ]  | No | [ ]  |
|  |
| Is the site within or adjacent to any designated nature conservation sites including national park, or special areas of conservation? | Yes | [ ]  | No | [ ]  |
|  |
| Are there any other conservation issues at the site? | Yes | [ ]  | No | [ ]  |
|  |
| Is there evidence to suggest land contamination requiring clean-up is present at the site? | Yes | [ ]  | No | [ ]  |
|  |  |  |  |  |
|  |  |
| If you have answered yes to any of the above questions, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

ANNEX C – FOOD SAFETY SYSTEMS

**Only complete this section if applying for certification to the GMP, HACCP and/or ISO 22000:2018 standard(s). The answers should consider all sites applying for certification.**

|  |  |
| --- | --- |
|  |  |
| **C1 PREMISES AND LOCATION** |  |
|  |  |
| Is your site within an area with heavy industrial activities (refining, mining, chemicals, steel production, cement production etc.? | Yes | [ ]  | No | [ ]  |
|  |
| Is your site within or adjacent to any environmentally polluted areas? | Yes | [ ]  | No | [ ]  |
|  |
| Is your site within an area subject to flooding? | Yes | [ ]  | No | [ ]  |
|  |
| Is the site within an area prone to infestations by pests? | Yes | [ ]  | No | [ ]  |
|  |  |
| If you have answered yes to any of the above questions, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

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| --- | --- |
|  |  |
| **C2 PRODUCTION LINES** |  |
|  |  |
| Please state the number of production lines: |       |
|  |
| Are your operations affected by any seasonality factors?  | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |

|  |  |
| --- | --- |
|  |  |
| **C3 HACCP PLANS** *(For HACCP or ISO 22000 certification only)* |  |
|  |  |
| Please state the number of HACCP Plans: |       |
|  |
|  |  |
| Sites or locations where these apply |       |
|  |  |

|  |  |
| --- | --- |
|  |  |
| **C4 PRODUCT CLAIMS** |  |
|  |
| Do you make any claims on your products e.g. Free From, Organic etc.? | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details: |       |
|  |
|  |  |

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|  |  |
| **C5 PERMITS/LICENCES TO OPERATE** |  |
|  |  |
| Are your operations subject to any food-related permits/licences from a regulatory body? | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |

ANNEX D – HEALTH AND SAFETY MANAGEMENT SYSTEMS

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|  |
| **D1 HAZARDS** |
|  |
| Do you have use/perform any of the following items/activities or are exposed to the mentioned hazard? (please tick as appropriate) |
|  |
| Manual Handling | [ ]  | Working at heights/depths | [ ]  | Electrical Plant/Equipment | [ ]  |
| Steam Boiler/Receivers | [ ]  | Lifting Equipment | [ ]  | Compressed Air | [ ]  |
| Woodwork | [ ]  | Ionising Radiation | [ ]  | Construction/Building | [ ]  |
| Abrasive Wheels | [ ]  | Lead/other materials | [ ]  | Pressurised Systems | [ ]  |
| Noise | [ ]  | Toxic Waste treatment/disposal | [ ]  | Pesticides/Herbicides | [ ]  |
| Manual Handling | [ ]  | Liquefied Petroleum Gas (LPG) | [ ]  | Diving | [ ]  |
| Working in the proximity of water | [ ]  | Railways | [ ]  | Armaments/Weapons | [ ]  |
| Food Preparation/Processing | [ ]  | Machine Tools | [ ]  | Explosives | [ ]  |
| Transport of Dangerous material | [ ]  | Road Haulage | [ ]  | Asbestos removal etc | [ ]  |
| GM Organisms | [ ]  | Gas/Safety/appliances | [ ]  | Work with dangerous animals | [ ]  |
|  |

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|  |  |
| **D2 PERMITS/LICENCES TO OPERATE** |  |
|  |  |
| Are your operations subject to any occupational health and safety related permits/licences from a regulatory body? | Yes | [ ]  | No | [ ]  |
|  |  |
| If yes, please provide details below: |
|  |
|       |
|  |  |
| Sites or locations where these apply |       |
|  |  |