

Date: \_\_\_\_\_

Promotion Center  
Management System Sector  
Japan Quality Assurance Organization

**ISO9001 Questionnaire for JQA Audit Quotation**

**Mailing address and how to submit**

Company name:	Address:
Section:	TEL: _____ - _____ - _____
Person in charge:	FAX: _____ - _____ - _____
Due date for quotation:	

\* Personal information filled in by clients will be used when we communicate and coordinate for the implementation of our audit and registration services for which clients have applied as well as when we offer guidance and information on other and new services we provide. Your personal information will be managed in accordance with relevant laws and our bylaws.

**Please fill in below to the best of your knowledge.**

1.	<p><b>【Audit standards that you request for quotation】</b></p> <p><input type="checkbox"/> New registration      <input type="checkbox"/> Transfer of Accredited certification ( _____ ) ( <input type="checkbox"/> Independently    <input type="checkbox"/> Cum surveillance audit    <input type="checkbox"/> Cum renewal audit )</p> <p>[Wish to obtain post-registration quotation:]</p> <p><input type="checkbox"/> Surveillance audit ( <input type="checkbox"/> frequency: once a year,    <input type="checkbox"/> frequency: twice a year )    <input type="checkbox"/> Renewal audit</p> <p>[Other]</p> <p><input type="checkbox"/> ISO9001:2008 + HACCP</p> <p><input type="checkbox"/> ISO9001:2008 ( Certification No. _____ ) + new registration of HACCP</p> <p><b>【Preferred registration certificate type】</b></p> <p><input type="checkbox"/> English and Japanese      <input type="checkbox"/> English only      <input type="checkbox"/> Japanese only</p>
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2. **【Target business contents】**

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[ Presence or absence of work to be done at the customer's (Installation / service etc.) ]

YES (describe details below)     NO

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**【Application of ISO9001】**

No exclusions     There are exclusions ( \_\_\_\_\_ )     Unclear at present

**【Total number of employees】** \_\_\_\_\_ of employees

[ workforce breakdown ]

Full-time employees : \_\_\_\_\_ of employees

Part-time employees : Work for four hours or more \_\_\_\_\_ of employees

Work for less than four hours \_\_\_\_\_ of employees

**【Target business contents and operation condition of personnel】**

Shift-work system has been introduced

Business profile : \_\_\_\_\_

shift-work : \_\_\_\_\_ hours \_\_\_\_\_ number of shifts × number of people : \_\_\_\_\_ of employees

Business profile : \_\_\_\_\_

shift-work : \_\_\_\_\_ hours \_\_\_\_\_ number of shifts × number of people : \_\_\_\_\_ of employees

Business profile : \_\_\_\_\_

shift-work : \_\_\_\_\_ hours \_\_\_\_\_ number of shifts × number of people : \_\_\_\_\_ of employees

Only part of personnel belonging to the administration sector is at the site to be covered, on a full-time basis, the majority of the target personnel engage in single activity outside the organization, such as sales activities, service provision, transportation operation.

The majority of target personnel engage in generic tasks done according to set procedures, such as assembly-line work or inspection task.

※If possible, please attach organizational charts that show the numbers of personnel of each target department.

**【Any other standards certified】**

NO     YES → Certification Body · Certification standards · Certification No.

( \_\_\_\_\_ )

**Target organization**

Organization to be assessed and registered		Business profile	Number of employees	
			Full-time employees	Other
1	Name : _____	<input type="checkbox"/> Entral office functions/ general admin sector		
	Address : _____ _____	<input type="checkbox"/> Integrated functions		
		<input type="checkbox"/> Products manufacturing or service provision		
		<input type="checkbox"/> Design/development/and research		
		<input type="checkbox"/> Sales		

Associated Organization		Business profile	Number of employees	
			Full-time employees	Other
2	Name : _____	<input type="checkbox"/> General management section		
	Address : _____ _____	<input type="checkbox"/> Integrated functions		
		<input type="checkbox"/> Products manufacturing/service provision		
		<input type="checkbox"/> Design/development/and research		
		<input type="checkbox"/> Sales		
Travel time: : _____ hours*				
3	Name : _____	<input type="checkbox"/> General management section		
	Address : _____ _____	<input type="checkbox"/> Integrated functions		
		<input type="checkbox"/> Products manufacturing/service provision		
		<input type="checkbox"/> Design/development/and research		
		<input type="checkbox"/> Sales		
Travel time: : _____ hours*				
4	Name : _____	<input type="checkbox"/> General management section		
	Address : _____ _____	<input type="checkbox"/> Integrated functions		
		<input type="checkbox"/> Products manufacturing/service provision		
		<input type="checkbox"/> Design/development/and research		
		<input type="checkbox"/> Sales		
Travel time: : _____ hours*				
5	Name : _____	<input type="checkbox"/> General management section		
	Address : _____ _____	<input type="checkbox"/> Integrated functions		
		<input type="checkbox"/> Products manufacturing/service provision		
		<input type="checkbox"/> Design/development/and research		
		<input type="checkbox"/> Sales		
Travel time: : _____ hours*				

\* Please fill in the estimated travel time between the main location and the relevant location.

Total number of organizations: _____	Total _____
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If you need more space for associated organizations, please make photocopies.

( / )

<p><b>For office use only</b> Item number : A</p> <p>Initial assessment : 1st _____, 2nd _____</p> <p>surveillance assessment : _____ Re-certification assessment : _____</p>
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