

**\*\*Please fill in the questionnaire below and send back to us via fax\*\***



**TQA Limited**  
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Attn : Ms. Wipawee

Date :

**Questionnaire for JQA Assessment Quotation  
(OHSAS18001)**

Company Name	:	_____.			
Address	:	_____.			
	:	_____.			
Person in Charge	:	_____.	Department	:	_____.
TEL.	:	_____.	FAX	:	_____.

1. Scope of registration (product, process, services, activities)  
: \_\_\_\_\_
2. Number of employee in scope of registration (including part-time staff) : \_\_\_\_\_ person(s)
3. Number of employee in scope of registration (including subcontractor) : \_\_\_\_\_ person(s)  
Is there shift system in the organization? Yes No  
If yes, shift system employees are \_\_\_\_\_ person(s)  
Shift 1 time : from \_\_\_\_\_ to \_\_\_\_\_ staff number : \_\_\_\_\_ person(s)  
Shift 2 time : from \_\_\_\_\_ to \_\_\_\_\_ staff number : \_\_\_\_\_ person(s)  
Shift 3 time : from \_\_\_\_\_ to \_\_\_\_\_ staff number : \_\_\_\_\_ person(s)
4. In case that there are more than one location to be assessed, please describe the locations, address and staff number.  
: \_\_\_\_\_
5. Target period to be assessed  
Registration assessment  
1<sup>st</sup> stage assessment : Month / Year : \_\_\_\_\_ .  
2<sup>nd</sup> stage assessment : Month / Year : \_\_\_\_\_ . } *Approximately  
1 month interval*
6. Would you like the quotation for surveillance assessment after registration as well?  
Yes No
7. By which way would you like us to submit the quotation?  
 fax  e-mail address : \_\_\_\_\_
8. Others  
: \_\_\_\_\_

Remarks : We will submit the quotation within 7 working days after we receive this questionnaire.