



Quality Inspection & Certifications

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## Questionnaire

(Quality Management System)

Name of the Organization:

Address:

E-mail/Website:

Category of Business:

1. Please indicate the No. and the location of sites/ field. For multi-site

2. How is the QMS preparation being organized?

In-house method (starting time: Month. Year)

3. Name of the Consultant:

4. Date of Internal Audit conducted:

5. Do you have any certification scope that in not conducted in your organization?

Yes (Region: activity: )  No

6. Size of design/development dept's?

(No. of dept.: , No. of design & development employee: N/A )

7. Do you have any duplicated/similar process?

Yes ( No. of line: Process name: No. of employee: )  No

8. No. of total shifts & Employees working in each shift?

9. What's your system's structure?

(1) Manual ( ) kinds (initial issue date: )

(2) Procedure ( ) kinds/(initial issue date: )

(3) Work Instructions/initial issue date:

7. When did you conduct management review (or planned)?

(1) Management review date:

When do you want the certification audit

8. conducted? ( Month yr)

9. Any secret document Yes ( ) No ( )

11. Has any certification audit been carried out from other certification agency?

Yes (Name of agency: ,time : month yr)  No

If you have any other certificate, please attach the copy of the certificate and fill out

12. the

following.

Certification standard: certification agency:

Certification date: present status:

13. Any key process?

Name:

(signature & Date)

Designation: