



REQUEST FORM FOR AUDIT SERVICE

Name of Organisation:.....

Contact No:.....

Address:.....

Contact Person:.....

Designation:.....

1. Please indicate which management system is implemented by your organization.

ISO 9001

ISO 14001

ISO 17025

ISO 22000

2. Do you have a Quality Manual? **Yes** **No**

3. How long was this system implemented?

4. How many employees does your organization have?

5. What is the scope of the audit requested? Please attached on a separate sheet. Please identify the process to be audited.

6. Do you have records of the last internal/external audits and management reviews? **Yes** **No**

7. What are your working hours?

8. Is the company certified? **Yes** **No**

9. If **Yes**, what is the name of the Certification Body?

10. What are the expected dates(s) for the audit?

Signed:

Date:

Name in block letters:

CS1107R2F2a

FOR OFFICIAL USE ONLY

Date received:

Received by:

Evaluation done by:

Date: