

Request for Quote

To aid in our understanding of your needs and to provide you with an accurate Fee Proposal, we would appreciate you answering the following questions. Please also note that by submitting this **Request for Quote (RFQ)** you authorise DLCS to make all necessary enquiries to ensure that the organisation listed below is a registered legal entity. Should need assistance completing this form please contact us on 03 9863 7837.

1.0 Organisation Details

Company Details			
Company Name to be certified			
ABN / ACN			
Trading Name(s)			
Does the company have any subsidiary companies to be covered by this certification?	Yes	No	
If Yes, Provide Company names;			

Physical Address (Head Office)				
Street Address				
Suburb, Country		State		Postcode

Mailing Address (if different from above)				
Street Address or PO Box Address				
Suburb, Country		State		Postcode

Management Representative (responsible for the certification process as a Central Function)			
Name:		Title:	
Street Address:			
Mobile:		Phone	
Email:			

Billing Information (if different from above)				
Name:		Title:		
Street Address:				
Suburb:		State:		Postcode
Email:		Phone		

2.0 Services Required

Certification Required		Check box
Quality Management Systems (QMS)	ISO 9001:2015	<input type="checkbox"/>
Environmental Management Systems (EMS)	ISO 14001:2015	<input type="checkbox"/>
Occupational Health & Safety Management Systems (OHS)	AS/NZS 4801:2001	<input type="checkbox"/>
	AS/NZS ISO 45001:2018	<input type="checkbox"/>
	SafetyMAP Initial Level	<input type="checkbox"/>
	SafetyMAP Advanced Level	<input type="checkbox"/>
	OHS AS 18001:2007	<input type="checkbox"/>
	National Audit Tool (NAT)	<input type="checkbox"/>
Information Technology Management System (ISMS) Please also complete Supplementary Form C310.1.2	ISO/IEC 27001:2013	<input type="checkbox"/>
Civil Contractors Federation (CCF)	Civil Construction Management Code	<input type="checkbox"/>
E-Waste Please also complete Supplementary Form C310.1.1	AS/NZS 5377:2012	<input type="checkbox"/>
Product Certification	GECA	<input type="checkbox"/>
Second Party Audits	Contract Compliance	<input type="checkbox"/>
	Project Compliance	<input type="checkbox"/>
	Procurement Compliance	<input type="checkbox"/>

3.0 Proposed Site Details

Please define all sites, key product and/or service functions of your organisation that form the basis of this certification in the table below. Ensure the information accurately reflects what is to be assessed. Refer to 4.0 Scope of Certification.

(for E-Waste refer to Supplementary Form C310.1.1 and for IMS use Form 310.1.2)

Site Details – Permanent sites				Key Product and/or Service Functions (i.e. Activities, Business Units, Service Lines)											
Sites	Location/Site/Office Address	Total No. of Employees			e.g. Design	e.g. Construction	e.g. Landfill Management	e.g. Sales	e.g. Manufacturing
		Full Time	Part Time	Casual											
List total no. of Full Time Equivalent (FTE) within each functions @ each location/site below															
HO															
Site 1															
Site 2															
Site 3															

Note 1 Only include contractors in the above table if they operate under your management system and not under their own system and are performing core business functions (under the control or influence of your organisation) which can impact on the organisations OHS&MS performance and included within the scope of certification. Note-2: If insufficient space please inform DLCS of additional sites and numbers.

4.0 Scope of Certification

Scope of Certification	
<p>What key product and/or service functions are to be covered by your Certification Scope? i.e. those that are delivered to your clients/customers.</p> <p><i>Please define the relevant key product and/or service functions of your organisation as noted in 3.0 Proposed Site Details. Ensure the scope accurately reflects what is to be assessed, as this will form the basis of your certification and be displayed on your Certificate.</i></p>	

5.0 About Your Management System

Your Management System/s			
When will the management system be ready for assessment by DLCS?			
Are you using a consultant to develop your Management System? If so, please provide the company name / consultant name and phone number.			
If seeking a Quote for CCF certification, have you purchased from the CCF their IMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details		
Do you have any Management Systems certified by another Certification Assessment Body (CAB)? If so, please provide the CB name.	<input type="checkbox"/> Yes (If 'Yes', please provide details below)		<input type="checkbox"/> No
	CAB		
	Program/s		
	Cert. No.	Expiry date	Click here to enter a date.
Is the same management system operating at the all sites shown above in s3.0?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details		
Is your management system an 'integrated' system?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide details		
Are there any specific client / industry legal obligations that are relevant to your organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details		
Are there any functions / processes under the proposed scope being outsourced?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details		
Are there any temporary sites? (E.g. mobile workplaces or short-term workplaces). Please identify locations.			
Do you operate more than one shift daily for the locations planned to be included in the Certification scope?			

Your Management System/s	
Are there any differences between the operations of any sites in respect to different technologies, types of equipment, hazardous materials or the working environment?	
For OHS certification, have all specific legal obligations inclusive of licenses relevant to your processes been identified. (Use separate sheet if necessary.)	

6.0 OHS Hazards & Risks (Please move to Section 7 if you are not applying for OHS)

Please identify any OH&S Hazards/risks expressed with a Risk Score of (L) Low, (M) Medium or (H) High							
Dangerous Goods		Hazardous Substances including Hazardous Materials		Confined Spaces		Trenching	
Traffic Control		Asbestos		Fall Hazards		Explosives	
Plant		Atmospheric Contaminants		Noise		Electrical	
Manual Handling		Radiation		Thermal Environment		Pressurised Environment	
Subcontractors		Biological Hazards		High Work		Other	

7.0 Environmental Aspects (Please move to Section 8 if you are not applying for EM)

Please identify any Environmental aspects/impacts expressed with a Risk Score of (L) Low, (M) Medium or (H) High							
Air		Water		Land		Flora & Fauna	
Archaeological		Heritage / Historical		Emergency Preparedness		Other	

8.0 Other Information

Marketing Information		
How did you hear about DLCS International Pty Ltd?		
Would you like information on any other Services?	Readiness Assessments	
	Management System Training	
	Internal Auditing / Training	
	Product Certification	
	Other	

Thank you for taking the time to complete the RFQ please email the completed form to info@dlcsi.com.au and a member of the DLCS team will contact you within 48 hrs.

Office Use Only

Sampling Calculator: M1= Same Management system/substantially same processes at sites
 Method: 1. C/O + sample across sites
 2. C/O + each site
 3. C/O + combination 1 & 2

Geographical location Identified in DLCS Accreditation schedule **Y/N**

ANZSIC Codes _____
 Industry Complexity Category _____

	Y/N	Pass - Y/N
ASIC Register check		
Credit Check		

Contact Us

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