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.

# 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 |  | | |

# Services Required

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

# 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 and IMS please also refer to Supplementary Form C310.1.1 and Form 310.1.2 respectively)*

| 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 Sales | 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 within the scope of certification (under the control or influence of your organisation) which can impact on your organisations management system performance.*

Note 2: *If insufficient space please inform DLCS of additional sites and numbers*.

# Scope of Certification

| Scope of Certification | |
| --- | --- |
| 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.  *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.* |  |

# 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/assist with your Management System? | Yes No If **Yes**, 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? | Yes No If **No**, provide details | | | |
| Do you have any Management Systems certified by another Certification Assessment Body (CAB)? If so, please provide the CAB name. | Yes (If ‘Yes’, please provide details below) | | | No |
| CAB |  | | |
| Program/s |  | | |
| Cert. No. |  | Expiry date | Click here to enter a date. |
| Is the same management system operating at all sites identified above in s3.0? | Yes No If **No**, provide details. | | | |
| Is your management system an ‘integrated’? system? | Yes No If **No**, provide details | | | |
| Have the relevant legal obligations inclusive of licences relating to your scope of activities been identified?  If Yes, has there been an evaluation of compliance to legal OHS/EMS requirements? | Yes No If **Yes**, provide details  Yes No If **Yes**, provide details | | | |
| Are there any functions / processes under the proposed scope being outsourced? | Yes No If **Yes**, provide details | | | |
| Are there any temporary sites inclusive of those where your services are provided at your clients workplaces? (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? |  | | | |
| Are there any differences between the operations of any sites in respect to different technologies, types of equipment, hazardous materials or the working environment? |  | | | |
| **\***Consultant – Any person who provides services in the selected fields as shown in Section 2 above that relate to participation in establishing, implementing, or maintaining a management system. This can include but not limited to performing the role of OHS and/or EMS coordinator, safety and/or environmental reporting, performing risk assessments, communicating with regulatory authorities on behalf of the client and investigating accident or incidents. | | | | |

# 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 |  |
| Biological Hazards |  | Asbestos |  | Explosives |  | Rock Falls |  |
| Radiation |  | Crystalline Silica |  | Exposure to Radon |  | Zoonotic disease |  |
| Thermal Environment |  | Pressurised Environment |  | Atmospheric Contaminants |  | Respiratory disease |  |
| Vibration |  | Noise |  | Electrical |  | Fire |  |
| Subcontractors |  | Manual Handling including repetitive stress |  | Ergonomics |  | Working around and with machinery |  |
| Fall from heights |  | Traffic Control |  |  |  | Other …. |  |

# 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 |  |

# 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**](mailto: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 |  |  |

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