**APPLICATION FOR PROVISION OF AUDIT SERVICE (REQUEST FOR QUOTATION)**

Please email the completed application form to [enquiry@sg-akc.com](mailto:enquiry@sg-akc.com)

|  |  |
| --- | --- |
| **Date of Application** |  |
| **Name of Organization** |  |
| **Address of Organization** |  |
| **Name of Contact Person** |  |
| **Designation of Contact Person** |  |
| **Contact Number & Email Address** |  |
| **Desired Scope of Audit** | Safety & Health Management System  bizSAFE Risk Management |
| **Has consultancy relating to the management system or risk management to be audited been provided and if so, by whom?** |  |
| **Has the organization engaged a 3rd party service provider to provide WSH personnel? If so, by whom?** |  |

***FOR SAFETY & HEALTH MANAGEMENT SYSTEM AUDIT:***

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| --- | --- |
| **Project Title / Brief Description of Project** |  |
| **Address of Workplace** |  |
| **Contract Sum of Project** |  |
| **Project Duration** (DD/MM/YYYY to DD/MM/YYYY) |  |
| **Projected Total Manpower** (At Time Of Audit) |  |
| **The standards or other requirements for which the applicant organization is seeking auditing services** | ConSASS  Others (please specify) |
| **Is this the first initial audit?** | Yes  No |

***FOR bizSAFE RISK MANAGEMENT AUDIT:***

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| **Total Number of Employees** (including part-timers) | |  |
| **Total number of worksites/ locations/ branches under the same UEN number** | |  |
| **Address of worksites/ locations/ branches under the same UEN number** | |  |
| **Type of industry:** | | |
| Construction | Metalworking | |
| Shipyard | Oil refinery or petrochemical/ Semiconductor wafer fabrication plant/ Chemical manufacturing plant/ Pharmaceutical plant/ Bulk storage terminal | |
| Other industries (please specify) | | |

***FOR OFFICIAL USE:***

|  |  |
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| **Application accepted or declined** | Accepted  Declined (please state reason)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notification to client if application is declined |
| **Duration of audit required** |  |
| **Multi-site sampling required *for the bizSAFE RM Audit?*** | Yes  No  NA |
| **Is a Lead Auditor required *for the bizSAFE RM Audit?***  *(Note: Required for enterprise with more than 200 employees)* | Yes  No  NA |
| **Application reviewed by:**  ……………………………………………………  Name / Designation / Date | |