



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

Any other?

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 attach on a separate sheet. Please identify the processes 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 If yes, for how long?.....

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

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

Signed:

.....

Date

CS1107R2F2a

Name in block letters: -----

Completed request form should be sent to:

Director

Guyana National Bureau of Standards

Flat 15, Sophia Exhibition Complex

Georgetown

FOR OFFICAL USE ONLY

Date received: -----

Received by: -----

Evaluation done by: -----

Date: -----

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