GUYANA NATIONAL BUREAU OF STANDARDS

<div style="border:1px solid">
**REQUEST FOR TECHNICAL
ASSISTANCE FORM**
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Please mail or fax to:

The Executive Director,
Guyana National Bureau of Standards
Flat 15 Sophia Exhibition Complex
Georgetown, Guyana
Telephone: 592-219-0062, 219-0064-0066
Fax: 219-0070   E-mail: info@gnbsgy.org

Name of Contact Person: _____

Company: _____

Address: _____

_____

Telephone: .... **E-mail**: ....

Please describe the Technical Assistance required by your Organisation (Tick the appropriate box);

a) Advisory Services on how to document and implement the Management System
(Gap Analysis)   ☐

OR

b) Building and Implementing the Management System   ☐

1.   What is objective of the Technical Assistance requested (Tick the appropriate box)?

a) To be Certified/Accredited to the standard.   ☐

OR

b) To be in conformance to the standard   ☐

2.   What is your target period for Conformance/Certification/ Accreditation?

a) 6 months   ☐

b) 9 months   ☐

c) 12 months   ☐

Note: After the system is established, it should be implemented for at least 3 months before an internal audit is conducted. The 3 months implementation is included in the above-mentioned target periods.

3.   How many employees make up your organisation: _____

4.   Which of the following does your organisation provide?

a)   Service ☐   **b) Product** ☐   **(c) Service & Product** ☐

Note: please attach information on your company profile outlining the scope of your operations.

5. **What activities and processes do you want to fall under your Certification/Accreditation Scope? Please attach to this form.**

6. **Do you currently have an existing system at your organization? If yes, which system?**

   ☐ **Yes** ………………………

   ☐ **No**

7. **Please identify the management system you are requesting Technical Assistance for:**

   a)   ISO 9001   b) ISO 22000   c) ISO 14001   d) ISO 45001

   e)   ISO/IEC 17025   f) ISO/IEC 17020   g) Integrated Management System: …………………………..

   (h) Other: …………………………..

8. **Provide information in the table below on the proposed implementation team for the project**

No.	Names	Designation	Role
			Team Leader
			Documentation Personnel
			Team Member
			Team Member
			Team Member
			Team Member
			Team Member
			Team Member
			Team Member
			Team Member

   Note: The team leader should be from top management and is responsible for spearheading the project and ensuring deadlines are met. The documentation personnel is responsible for typing and editing all management system documents and the team members are responsible for providing critical information to be included while establishing the management system. Please note that your team can include at a minimum three (3) persons.

9. **Are the implementation team members familiar with the requirements of the standard or area proposed for Technical Assistance?_____**

10. **Do you have copies of the management system standard at your organisation (photocopying of standards is prohibited)? _____**

11. **How did you hear about this programme?**

    Invitation: ☐   Referral: ☐

    Other advertisement (please specify):   ☐   Other source (please specify):   ☐

I consent to providing the GNBS personnel access to information including confidential documents and records to develop a management system meeting the requirements of the management system standard. I consent to ensuring that the implementation plan is implemented as agreed.

Signature ……………………..   Date……………………

*Date received:*_____   *Received by:* _____

Date evaluated: _____   *Evaluated by:*_____

Technical Officers Selected _____