

**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:** -----

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**Date**

CA309R1F2(a)

Name in block letters: -----

Completed request form should be sent to:

Director

Guyana National Bureau of Standards

Flat 15, Sophia Exhibition Complex

Georgetown

**FOR OFFICIAL USE ONLY**

Date received: -----

Received by: -----

Evaluation done by: -----

Date: -----