

ASTRALEUS SERVICES PRIVATE LIMITED



INSPECTION SERVICES

CLIENTS ENQUIRY FORM

Doc. No.: ASPL-IS-F14

Date:

Note: Please fill all the information correctly

*Your detail information will help us in quoting most competitive offer to you.

Sr. No.	Particular	To be filled by Auditee/Company
1	Name of Auditee/Company:	
2	Company Representative: (Position/Title)	
3	Operation Location/ Sites Address with the status:	
4	Scope (Kind of Business/ Customers):	
5	*Actual Working /processing/Manufacturing time (Starting time of Plant activity like from 6 am to 6 pm etc., this point is not Applicable in case of Final stage Production) and shift details if any	
6	No. of sites or Units to be audited in Specific location:	
7	Mobile No.	
8	Telephone Land line	
9	Website / E-mail	
10	Company GST No.	
PART A	For IAF Scope 03, 30, 31(a) Food related SCOPES	
1	Number of food handlers/Employees	
2	Statutory/ Regulatory standards followed:	
3	FSSAI/ Other License No.:	
4	FSSAI License Validity	
5	Product groups/HACCP Study/Product Lines:	
6	Area of Storage (In case):	
7	Agency empanelled for Consultancy (if any with the name, contact details to ensure the conflict of interest if any):	

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8	Agency empanelled for Training (if any with the name, contact details to ensure the conflict of interest if any)	
PART B	For IAF 17 Basic metals and fabricated metal products	
1	QA QC Plan	
PART C	For IAF 27 WATER SUPPLY	
1	Length of Pipe Line	
2	Sources of Water	
3	Pipe Material	
4	Attach the process flow chart separately with the QA QC controls	
PART D	For IAF 28, CONSTRUCTION -	
1	Name of Project	
2	Project Type	Road/Building/Bridge/Dam
3	Audit stage	Pre-Construction/Under Construction/ Final Stage
4	Approved drawing of Project.	
5	Approval status as: RERA/MCD/PWD/State/central Govt	
6	Attach the process flow chart separately with the QA QC controls	

Signature of Applicant/Auditee

To be Filled By Inspection Agency Only		
Sr. No.	Particular	
1	Allocated Inspector Name for Audit	
2	Number Of Manday Required for Audit	
3	Schedule date for Audit	
4	Audit Form Sending Date	