



Total Quality Solutions, Inc.
Form SOP-7.0-01-A
Rev. 2/03

Management System Quotation Development Questionnaire

Please answer the questions below to the best of your ability and ***fax it to (815) 477-2874*** or ***email it to tqsinfo@tqsconsulting.com***. We will then be able to prepare a quotation for training and/or consulting services that reflects the unique needs of your organization.

Your Name	
Company Name	
Mailing Address	
Telephone	
Fax	
Email Address	
Standard you are interested in becoming registered to <i>(Circle one or more)</i>	ISO 9000 QS-9000 TS-16949 ISO Guide 17025 AS-9100 TL-9000
Number of employees in your company	
Number of Operating Shifts	1 2 3
Description of the products and/or services provided by your organization	
Does your company design products? Specifically, can you modify a product specification without customer approval?	Yes No
Have you already prepared a quality policy manual? <i>(Circle response)</i>	Yes No
Do you already have written procedures for Sales, Purchasing, Production, QA, Design, Shipping/Receiving, and Material Management?	Yes No
Have you already trained internal auditors?	Yes No
Do you require PPAP/APQP training? <i>(QS-9000 and TS 16949 only)</i>	Yes No