QUALITY REGISTRAR SYSTEMS

INITIAL ENQUIRY

FORM 04-5

1. COMPANY:

FAZCO OIL AND GAS EQUIPMENT TRADING COMPANY LLC

COUNTRY: UAE POSTAL / AREA CODE: NIL

2. ADDRESS (HEAD OFFICE):

P.O. Box No. 41234, Area, ABU DHABI CORNICHE Emirates

NUMBER OF SITE: 01

3. CONTACT (AUTHORISED REPRESENTATIVE)

NAME: Mr. Ampadi POSITION: Management Representativen

TEL. NO.: FAX NO.: NIL

E-MAIL: info@fazco.ae COMPANY WEBSITE:

4. CERTIFICATION TO:

[X] ISO 9001:2015 [X] ISO 14001:2015 [X] ISO 45001:2018

5. ACCREDITATION BODY

[X] ASCB [ ] NON ACCREDITED

6. SCOPE TO BE CERTIFIED:

ÂŽ¤ OIL AND GAS EQUIPMENT TRADING LLC

7. PRINCIPAL ACTIVITIES:

A EXCLUSIONS FOR ISO 9001 APPLICATION, AND NUMBER OF YEARS THAT THE QMS HAS BEEN IMPLEMENTED?

NIL

B THE MAIN MARKET AND END USERS OF THE PRODUCT/SERVICE:

UAE

C TYPES OF PROCESSES / ACTUAL ACTIVITIES INVOLVED, (INCLUDING ANY OUTSOURCED PROCESSES):

D TYPES OF MATERIALS USED IN PROCESSES / SERVICES

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8. CONSULTANT, IF USED:

NIL

9. DOES THE COMPANY HAVE ANY CONFLICT OF INTEREST WITH QRS OR AUDITORS?

[ ] YES [ ] NO

IF YES, PLEASE INDICATE:

10. TOTAL NUMBER OF EMPLOYEES:

A. MANAGEMENT / OFFICE ADMIN.: 3

B. PRODUCTION/ SERVICE PROVISION PROCESS: 8 SHIFTS (NO): 1 TOTAL IN ALL SHIFTS: 11

PART TIME EMPLOYEE: NIL

PEOPLE CONDUCTING SIMILAR SIMPLE WORK OR UNSKILLED: _____

C. "OFF LOCATION" WORKER (SALES, DRIVER OR SERVICE): _____

THE APPLICANT DECLARES THAT THE RELEVANT INFORMATION IN THIS INITIAL ENQUIRY FORM IS CORRECT.

11. FOR MULTI-SITE CERTIFICATION (PLEASE USE ADDITIONAL PAGES IF MORE THAN 3 LOCATIONS):

ADDRESS OF COMPANY 1 / SITE 1: _____ NO. OF EMPLOYEES: _____
SCOPE TO BE CERTIFIED: DESCRIPTION OF PRODUCTS AND/OR SERVICES, AND MAIN ACTIVITIES
ADDRESS OF COMPANY 2 / SITE 2: _____ NO. OF EMPLOYEES: _____
SCOPE: DESCRIPTION OF PRODUCTS AND/OR SERVICES, AND MAIN ACTIVITIES
ADDRESS OF COMPANY 3 / SITE 3: _____ NO. OF EMPLOYEES: _____
SCOPE: DESCRIPTION OF PRODUCTS AND/OR SERVICES, AND MAIN ACTIVITIES

12. FOR EMS (ISO 14001) ONLY: YEARS OF THE SYSTEM IMPLEMENTED: 2023

A SURROUNDING ENVIRONMENT NEAR LOCATIONS

☐ OCEAN ☐ RIVER ☐ FOREST ☐ MOUNTAINOUS AREA
☐ FARMLAND ☐ INDUSTRY AREA ☐ RESIDENTIAL DISTRICT ☐ OTHER: _____

B PROCESS/ACTIVITIES OF PRODUCTION/SERVICES AND SUBSTANCES THAT RESULT IN SIGNIFICANT EMS ASPECTS:

C FACILITIES/ EQUIPMENT'S AND MATERIALS THAT RESULT IN SIGNIFICANT EMS ASPECTS:

13. FOR ISO 45001 ONLY: YEARS OF THE SYSTEM IMPLEMENTED: 2023

A PROCESS/ACTIVITIES OF PRODUCTION/SERVICES THAT BRING OH&S HAZARDS:

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B HAZARDOUS SUBSTANCES USED BY THE COMPANY:

C FACILITIES/ EQUIPMENT THAT RESULT IN OH&S HAZARDS:

14. FOR ISO 22000 / GMP / HALAL / HACCP FOOD MANAGEMENT SYSTEM ONLY (IF NECESSARY, ADDITIONAL DOCUMENTS NEED TO BE ATTACHED.):

NO. OF PRODUCT CATEGORY: _____ NO. OF CCP: _____ NO. OF OPERATIONAL PRPS: _____ NO OF HACCP PLAN: _____

CLASSIFICATION OF COMPANY ACTIVITY

☐ PRIMARY PRODUCTION ☐ PROCESSING ☐ CATERING ☐ DISTRIBUTION/SERVICE ☐ TRANSPORTATION/STORAGE ☐ EQUIPMENT'S ☐ PACKING MATERIALS
☐ OTHERS (DESCRIBE AT BELOW)

TECHNICAL AND STATUTORY REQUIREMENTS (LICENSE):

IS THERE ANY TIMEFRAME ESPECIALLY CONCERNED FOR A NORMAL PRODUCTION, E.G. SEASON, DATE AND TIME? ☐ YES ☐ NO

ARE ANY PARTICULAR ACTIVITY AND PROCESS OUTSOURCED? YES (IF YES, DESCRIBE AT BELOW) ☐ YES ☐ NO

WHAT IS THE CONDITION OF INFRASTRUCTURE SUCH AS BUILDING AND PRODUCTION LINE? ☐ NEW AND MATURE CONDITION ☐ OLD AND PREMATURE CONDITION ☐ OTHERS: _____

IS THE TESTING LABORATORY SELF-CONTROLLED? ☐ YES ☐ NO

THE APPLICANT DECLARES THAT THE RELEVANT INFORMATION IN THIS INITIAL ENQUIRY FORM IS CORRECT.

15. FOR THE TRANSFER OF CERTIFICATION FROM ANOTHER CERTIFICATION BODY TO QRS:

PLEASE SELECT THE FOLLOWING APPROPRIATE REASON FOR TRANSFER:

☐ PRICING IS REASONABLE ☐ IMPROVEMENT COULD NOT BE SEEN BY THE AUDIT WITH PREVIOUS CB ☐ RESPONSE/ACTION FROM QRS IS QUICKER ☐ AGREE WITH QRS'S VISION AND MISSION

☐ NOT SATISFIED WITH THE AUDIT METHODOLOGY OF PREVIOUS CB ☐ WE HEAR THAT QRS'S AUDIT IS BETTER THAN OTHERS

☐ THERE ARE SOME CONCERNS ON QUALITY OF AUDITORS AND ITEMS POINTED OUT DURING THE AUDIT WITH THE PREVIOUS CB ☐ EXPECTING THE AUDIT FROM A DIFFERENT VIEWPOINT

☐ NOT SATISFIED WITH HOW THE PREVIOUS CB IS CORRESPONDING/RESPONDING TO OUR COMPLAINTS ☐ THE PREVIOUS CB STOPPED ITS OWN BUSINESS

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IS YOUR COMPANY'S CERTIFICATION REGISTRATION NOW UNDER SUSPENSION BY THE PREVIOUS CB? ☐ YES ☐ NO

IS THERE ANY POSSIBILITY OF SUSPENSION? ☐ YES ☐ NO

IS YOUR CERTIFICATION REGISTRATION ALREADY WITHDRAWN? ☐ YES ☐ NO

THE LAST AUDIT WAS CONDUCTED ON : _____ ARE THE REPORT/CAR AVAILABLE? ☐ YES ☐ NO

*** PLEASE PROVIDE THE REGISTRATION CERTIFICATE AND THE RELEVANT REPORT AND CAR AS EVIDENCE.

16. CAN COMPUTER ASSISTED AUDITING TECHNIQUES BE USED DURING THE AUDIT?

☐ YES ☐ NO

FOR EXAMPLE: TELECONFERENCING, WEB MEETINGS, INTERACTIVE WEB BASED COLLABORATION / COMMUNICATIONS, REMOTE ELECTRONIC ACCESS TO THE MANAGEMENT SYSTEM DOCUMENTATION AND/OR MANAGEMENT SYSTEM PROCESSES.

IF YES PLEASE INDICATE

17. IF A COMBINED AUDIT IS REQUIRED, I.E. COVERING TWO OR MORE MANAGEMENT SYSTEM STANDARDS, PLEASE INDICATE THE EXTENT TO WHICH THE ORGANISATIONS MANAGEMENT SYSTEM IS INTEGRATED? I.E.

MANAGEMENT REVIEWS THAT CONSIDER THE OVERALL BUSINESS STRATEGY AND PLAN. ☒ YES ☐ NO

AN INTEGRATED APPROACH TO INTERNAL AUDITS. ☒ YES ☐ NO

AN INTEGRATED APPROACH TO POLICY AND OBJECTIVES. ☒ YES ☐ NO

AN INTEGRATED APPROACH TO SYSTEMS PROCESSES. ☒ YES ☐ NO

AN INTEGRATED DOCUMENTATION SET INCLUDING WORK INSTRUCTIONS, TO A GOOD LEVEL OF DEVELOPMENT AS APPROPRIATE. ☒ YES ☐ NO

AN INTEGRATED APPROACH TO IMPROVEMENT MECHANISMS, (CORRECTIVE AND PREVENTIVE ACTION; MEASUREMENTS AND CONTINUAL IMPROVEMENT). ☒ YES ☐ NO

AN INTEGRATED APPROACH TO PLANNING, WITH GOOD USE OF BUSINESS WIDE RISK MANAGEMENT APPROACHES. ☒ YES ☐ NO

UNIFIED MANAGEMENT SUPPORT AND RESPONSIBILITIES. ☒ YES ☐ NO

18. PRE-EVALUATION VISIT REQUIRED?

☐ YES ☐ NO

EXPECTED ON-SITE AUDIT DATE(S): STAGE1 07 September 2026 STAGE2 07 September 2026

THE APPLICANT DECLARES THAT THE RELEVANT INFORMATION IN THIS INITIAL ENQUIRY FORM IS CORRECT.

APPLICANT NAME: Mr. Ampadi

DATE: 07 September 2026

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