Dear client,

As an accredited certification body for management systems, we require up-to-date information on your company for the preparation of offers and for the planning and preparation of certification, extension and recertification audits. This is required by the German Accreditation Body (DAkkS) at the beginning of each certification period and in case of significant changes in the scope of your certification. Please support us in this matter in order to ensure a smooth certification process for your management system.

We kindly ask you to fill in the questionnaire including standard-specific attachments and to enclose the required evidence as an attachment.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **General information** (Only main location / Company headquarters) | | | | | | |
| Company (as per legal documents) |  | | | | | |
| Street |  | | | | | |
| Postcode |  | City |  | | Country |  |
| Management Representative  (First / Second Name) | Mr. | Mrs. |  | | | |
| Telephone |  | | Website |  | | |
| Telefax |  | | E-Mail |  | | |
| Top Management(First / Second Name) | Mr. Mrs. | |  | | | |
| Telephone |  | | Website |  | | |
| Telefax |  | | E-Mail |  | | |
| Comp. Reg. No. |  | | GST No. |  | | |
| FSSAI Licence No. |  | | PAN No. |  | | |
| Billing Address |  | | TAN No. |  | | |
| *For further locations please fill in Page 4* | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Information on no. of employees at main location / headquarters / parent company** | | | | | | | | |
| No. of employees at main location | | |  | of which no. of employees in part time | | | |  |
| of which no. of AÜG\* employees \* (temporary employees from employment agencies) | | |  | of which no. of minor employees | | | |  |
| of which no. of trainees | | |  | of which no. of employees in shift working | | | |  |
| of which no. of unskilled employees | | |  | Number of Shifts | | | |  |
| **Multi-site organizations**: total number of employees within the scope of certification across all sites: | | |  |  | | | |  |
| **2. Which certification do you require?** | | | | | | | | | |
| **Certification** | **Re-Certification** | **Transfer** | | | **Expansion** | | **Pre-audit** | | |
| ISO 9001\* | ISO 14001\* | ISO 45001\* | | | ISO 50001\* | | ISO 22000\* | | |
| FSSC 22000\* | FAMI-QS\* | BRCGS | | | HACCP\*\* | | TISAX | | |
| ISO 27001\* | ISO 20000-1 | ISO 22301 | | | ISO/TS 29001 | ISO 27701\*  \ | | | |
| ISO 21001\*  Others (any unaccredited schemes) | | | | |  |  | | | |

|  |
| --- |
| **2a Accreditation Desired** |

DAkkS  NABCB**\***  ANSI \*\*  Others

\* (For ISO 9001, ISO 14001, ISO 45001, ISO 50001, ISO 22000, ISO 27701, ISO 27001, ISO 21001 only)

\*\* (For HACCP only)

**\*\*\* *Please fill in standard specific annexes (ISO 9001, ISO 14001, ISO 45001, FOOD SCHEMES & IT/ISMS SCHEMES)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Factors which can influence the time needed for the audit** | | | | | | | | | | | | | | | |
| In-house development?   Yes  No | |  | | | Low process risk | |  | Mature management system | | | | |  | | Family-owned company or simple processes |
|  | Large variety of regulations |  | | | High process risk | |  | Large location with small no. of employees | | | | |  | | Small location with large no. of employees |
|  | High level of automation |  | | | Identical activities in all shifts | |  | High proportion of employees with same activities | | | | |  | | High proportion of field staff |
| Did a consultant support you in setting up your management system? | | | | | | | | No  Yes | | | | | | | |
| Consulting firm | | |  | | | | | Contact | | |  | | | | |
| Have you received in-house trainings from a company of TÜV NORD? | | | | | | | | | No  Yes | | | | | | |
| Training provider | | | |  | | | | | Content of training | | | | |  | |
| When do you plan your audit? | | | | | |  | | | | | | | | | |
| Do you have outsourced processes? | | | | | | No | | | | Yes, which? | |  | | | |
| For explosion protection: | | | | | | | | | | Which protection types? | | | | | |
|  | | | | | | | | | | ISO 9001 already certified?  No  Yes | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **\4. Which kind of certification do you require?** (Multiple selection possible) | | | |
| Single-site certification | All locations will be certified separately | | |
| Multi-site certification | All locations will be certified as one group | | |
| Combined/integrated certification | Several management systems are audited at the same time | | |
| Do you wish to have a combined/integrated audit? | | Yes | No |
| Do you wish to have a remote audit (up to 50% of the audit time possible)? | | Yes | No |
| Do you have the necessary infrastructure for a remote audit? | | Yes | No |

|  |  |  |
| --- | --- | --- |
| **5. In case of integrated audits: how high is your level of integration?** | | |
| Please fill in following points in case of integrated audit with several standards: | | |
| Integrated management system documentation, including procedures and work instructions | Yes | No |
| Management Reviews that cover the overall business strategy and plan | Yes | No |
| An integrated approach to internal audits | Yes | No |
| An integrated approach to policy as well as targets and objectives of the organization | Yes | No |
| An integrated approach to system processes (process descriptions) | Yes | No |
| An integrated approach to improvement mechanisms (corrective and preventive action; measurement and continual improvement) | Yes | No |
| Integrated management support and responsibilities (common management representatives) | Yes | No |

|  |
| --- |
| 6. Basic Questions |
| A. Raw Materials **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is Raw Material supplied by your customer?  yes  no  **B**. Does the company have Product design responsibility?  yes  no  If no : ( Who is responsible) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. Number of employees** | | **HO/ Central functions location** | **Site 1** | **Site 2** |
| Break Up of Employee count: | management |  |  |  |
| research/development/design |  |  |  |
| employees in all the other departments ( Manufacturing, stores, sales, purchase, QC, dispatch, Training etc.) |  |  |  |
| **Regular Employees Total (A)** |  |  |  |
| Contract employees |  |  |  |
| - Part time / Seasonal employees |  |  |  |
| Temporary unskilled  Subcontractor’s employee |  |  |  |
|  | **Others Total (B)** |  |  |  |
|  | **Grand Total (A+B)** |  |  |  |

For companies with more than 2 sites, please provide above site information in an annexure :

**7a. Site addresses :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| \*\*Sites details  **(Name, Address, Contact person)** | Activities at the sites |
|  |  |
|  |  |

**\*\*** For construction companies: All Sites (Ongoing sites / Handed over / Completion)

**7b.** Operation of temporary sites (e. g.: building sites, projects): 🞏 Yes 🞏 No

No. of temporary locations:\_\_\_\_\_\_\_\_\_\_ ( Please attach the list with location, activity, employees)

**Outsourced Processes ( if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Information for transfer of certificates** | | | |
| Are the audit reports from the last certification period available? | | Yes | No |
| Are there any nonconformities from the previous audit? | | Yes | No |
| Are all nonconformities from the previous audit closed? | | Yes | No |
| Please enclose the certificates in electronic form. | |  | |
| Why do you want to change the certification body? body |  | | |

**Note: In case of an assignment for the transfer of a certification, please attach all issued and transfer-relevant certificates of the previous certification body, all transfer-relevant audit reports from the last certification period and all non-conformity reports from the last certification period.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9. Existing Certifications** | | | | |
| Please list all your existing certifications here. | | | | |
| Certificate number | Standard / Directive, etc. | Certification Body | Date of  certification audit | Valid until |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| 10. Scope / Business operation to be certified |
| (for example: "Development, manufacture and sale of...", "Trade with..." etc.; |
|  |

|  |  |
| --- | --- |
| **11. Are you a member of an industry, professional or trade association/federation?**  (Designation of the association/federation) | |
|  | |
| **12. Any further information you think may be relevant for us?** | |
|  | |
| **13. Documents to be submitted to TÜV NORD CERT for the preparation of the offer and for the preparation for the (re-)certification or extension audit** |
| Documents for the preparation of the offer   * professional or commercial register entry (or comparable evidence), if applicable * organization chart/oganization structure |
| **14. Notes on the planning of an (re-)certification or extension audit:  Documents to be submitted to the auditor or audit team** |
| * professional or commercial register entry (or comparable evidence, if applicable) * management system documentation (e.g. table of contents or illustration of the management system documentation’s structure) * organization chart / oganization structure * company policy * management review (e.g. cover page or table of contents, including date and signature) * Current annual planning of internal audits and evidence of audit report(s)  (e.g.: cover sheet with date and signature) * standard-specific evidence, if applicable (e.g.: ISO 14001: extract from the permit register; ISO 45001: accident statisitics; ISO 50001: energy report (e.g.: cover page with date and signature) or evidence of continuous improvement of energy-related performance) |

|  |  |
| --- | --- |
| **15. Have you received any of the following services from TUV India, (incase of ISO 9001:2015)**  **if yes (TICK AS APPLICABLE)** | |
| **SERVICE** | **LAST AUDIT CONDUCTED ON** |
| ISO 31000 : Risk Management |  |
| ISO 10002 : Customer Complaint Handling |  |
| ISO 30405 / ISO 30408 |  |
| ISO 15378 |  |
| ISO 22716 |  |
| Process Audits (VDA 6.3) |  |
| GMP /cGMP |  |
| Any 2nd Party Audit |  |
| N.A. |  |

We confirm all information and agree that this information may be stored for the purposes of drafting an offer and processing any resulting order or transactions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Place/Date |  | Name |  | Signature \*) |

*\*) If sending by email, the sender's address will be accepted*

**TO be filled incase of Multisite for each location**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location No.**  **Parent company:……………....** | | | | | | | | | | | |
| **General information** | | | | | | | | | | | |
| Company with legal form |  | | | | | | | | | | |
| Address |  | | | | | | | | | | |
| Postcode |  | | Town/City | |  | | | | Country |  | |
| Contact(First / Last Name) | Mr | | Ms | |  | | | | | | |
| Function | QR | | other | |  | | | | | | |
| Telephone |  | | | | Mobile | | |  | | | |
| E-Mail |  | | | | Sector | | |  | | | |
| Comp. Reg. No. |  | | | | VAT No. | | |  | | | |
| **No. of employees at the location** | | | | | | | | | | | |
| No. of employees at location | | | |  | | | of which no. of employees in part time | | | |  |
| of which no. of AÜG\* employees \* (temporary employees from employment agencies) | | | |  | | | of which no. of minor employees (450€ basis) | | | |  |
| of which no. of trainees | | | |  | | | of which no. of employees in shift working | | | |  |
| of which no. of unskilled employees | | | |  | | | Number of Shifts | | | |  |
| Temporary location: | | Construction site | | | | Project: | | | | | |
| Outsourced process | | Warehouse | | | | Other: | | | | | |
|  | | | | | | | | | | | |
| **Scope / business operation to be certified** | | | | | | | | | | | |
| (for example: "Development, manufacture and sale of...", "Trade with..." etc.) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| *If further locations are to be included, please duplicate this page.* ***Alternatively, these pieces of information can be submitted in form of a list in case of high numbers of locations.*** | | | | | | | | | | | |