

Management Systems Certification Client Profile



Client Profile Completion Guidance Notes

Information provided will be used for the evaluation of the audit time in our quotation and assignment of competent assessors. Please complete all boxes. Insert N/A if the answer is not applicable. If you are an existing client, applying for Extension to Scope of registration, or Recertification, please indicate any changes/additions only (i.e. additional sites, activities, management systems etc.) in the relevant sections.

A. Company/Organisation Details

Company Name <i>(in legally correct form as this will appear on the Certificate)</i>			Company Website	
VAT Number			Companies House Registration No.	
Main Address			Invoice Address <i>(If different to main address)</i>	
Address Line 1				
Address Line 2				
Town / City				
County				
Post Code				
Main Telephone No: () <i>(inc Area code)</i>	Fax :		Main Telephone No: () <i>(inc Area code)</i>	Fax :
E-mail:		E-mail:		
Our Main Contact:			Company Management Rep <i>(if different from main contact) :</i>	
Telephone <i>(inc Area code)</i> : ()			Telephone <i>(inc Area code)</i> : ()	
Mobile:			Mobile:	
E-mail:			E-mail:	

B. Certification Requirements

Please tick below what certification services you are requesting against the Standard(s)					
ISO9001:2008 <input type="checkbox"/>	ISO14001 <input type="checkbox"/>	OHSAS 18001 <input type="checkbox"/>	AS9100 <input type="checkbox"/>	PAS43 <input type="checkbox"/>	ISO3834 <input type="checkbox"/>
If you are applying for Extension to Scope, please define the type of extension:					
Are you applying for an Additional standard(s)?	Yes/No	If yes, show the new Standard(s) required:			
Would you like to have an Integrated Management System (IMS) audit?	Yes/No	If yes, show the Standards covered by the IMS:			
Are you applying for New site(s) and/or processes?	Yes/No	If yes, please show in the Main Processes/Activities table below, including number of staff and shifts.			
Do you require a transfer from another Certification Body?	Yes/No	If yes, please show the reason for transfer and send us a copy of your certificate and the last 2 audit reports.			
Please indicate when you would like your first assessment visit from TUV UK:					

C. Scope/Processes

Proposed scope for certification <i>(Business activity to appear on Certificate):</i>
Are any of the processes/activities covered within this scope outsourced <i>(e.g. Design, manufacturing, installation etc?)</i> Yes/No If yes please specify:
Total number of full time Staff?
Please indicate how you are organised and managed
Breakdown of job function <i>(e.g. 3 Management, 5 admin, 3 design, 10 workshop, 4 architects, 2 own installers ect.)</i>

Prepared by: Tanya Kuchukova	Reviewed by: Peter Blackwell	Authorised by: Ralf Thomsen	Document ID: QA004F002	Date: 19/03/12	Revision: 15
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Main Processes/Activities				
Addresses	Postal / Area Code	No: of People	No: of Shifts	Processes/Activities at this location
Head Office.				
Site 2.				
Site 3.				
<i>(If there are more addresses, please provide on a separate sheet to this table)</i>				
Please give us an idea of the readiness of your Management Systems for Certifications				
Implementation date of the system DD/MM/YYYY			Certification required on/before DD/MM/YYYY	
Have management reviewed the system? Yes/No			Have internal audits been done? Yes/No	
Are any exclusions to the Standard clauses requested? (e.g. 7.3 design) Yes/No				
These are:				
Because:				

D. Environmental Management Systems (ISO14001) Information Required

Significant Environmental Aspects/Impacts: <i>(eg. Waste, Energy usage, Chemicals)</i>			
Most applicable Environmental Legislation:			
Licences and Authorisations, that you have: <i>(i.e. IPPC Permits, Discharge Consents, etc.)</i>			
EMS contact, if different from the one shown in Section A			
Name:		Tel/mob:	
Position:		E-mail:	

E. Health and Safety (OHSAS 18001) Information Required

Significant Health & Safety Risks and Hazards: <i>(eg. Radiation, Confined Space, Working at Height)</i>			
Most applicable Health and Safety Legislation:			
Licences and Authorisations, that you have:			
Health and Safety contact, if different from the one shown in Section A			
Name:		Tel/mob:	
Position:		E-mail:	

F. Additional Information

Do you comply with specific laws/regulations, directives, government schemes, guidelines or standards relating to your service/product? Yes/No			
Please assist us by listing the most important ones here:			
Are there any special safety requirements or security clearances needed to visit your site(s)? (e.g. MoD clearance) Yes/No			
If yes please specify:			
Have you employed a Management Systems consultant?	Yes/No	Name of consultant & Co name (if any)	
How did you hear of TÜV UK?		Please tick if you would like more information of the following:	
		ISO9001 <input type="checkbox"/> , ISO14001 <input type="checkbox"/> , OHSAS18001 <input type="checkbox"/> , AS9100 <input type="checkbox"/> , PAS43 <input type="checkbox"/> , ISO3834 <input type="checkbox"/>	

G. Document Completion

	DD/MM/YYYY		DD/MM/YYYY
Completed by	Date	Agreed on behalf of the client (if different)	Date

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