

Questionnaire

For Offer Preparation and Preparation for a Certification Procedure

Return by email to food.th@tuv-nord.com



Thank you for your interest in our services. Please provide us with the following information, which we will use to prepare an individual and binding quotation.

General information (Only main location / Company headquarters)				
Company with legal form				
Address				
Postcode	City		Country	
Contact (First / Second Name)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.		
Function	<input type="checkbox"/> QR	<input type="checkbox"/> other		
Telephone		Internet		
Telefax		E-Mail		
Sector				
Comp. Reg. No.		VAT No.		

For further locations please fill in Page 4

1. No. of employees at the location		(if appropriate, total employees in companies employed in companies for combined audit)	
Total no. of employees		of which no. of employees in part time	
in addition, 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	
Number of unskilled employees (low paid)		Number of Shifts	

2. Which certification do you require?

<input type="checkbox"/> Certification	<input type="checkbox"/> Re-Certification	<input type="checkbox"/> Transfer	<input type="checkbox"/> Extension	<input type="checkbox"/> Pre-audit
<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001*	<input type="checkbox"/> ISO 50001*	<input type="checkbox"/> OHSAS 18001*	<input type="checkbox"/> IATF 16949
<input type="checkbox"/> SCC**/**, SCC ^P , SCP	<input type="checkbox"/> ISO 27001*	<input type="checkbox"/> BS 10012	<input type="checkbox"/> ISO 45001*	<input type="checkbox"/> ISO 22000*
<input type="checkbox"/> EN 91xx	<input type="checkbox"/> ISO 29990	<input type="checkbox"/> BRC*	<input type="checkbox"/> EMAS*	<input type="checkbox"/> IFS*
<input type="checkbox"/> DIN SPEC 91020	<input type="checkbox"/> ISO 37001*	<input type="checkbox"/> TISAX	<input type="checkbox"/> MAAS BGW	<input type="checkbox"/> GMP*
<input type="checkbox"/> HACCP:	<input type="checkbox"/> ISO 22716:2007 (Cosmetic)		<input type="checkbox"/> GMP ASEAN GUIDELINES COSMETIC	
<input type="checkbox"/> FAMI-QS	<input type="checkbox"/> FSSC 22000	<input type="checkbox"/> Other		
Certificates with regard to BS OHSAS 18001:2007 are valid until 11th March 2021. If you still want a certification with regard to BS OHSAS 18001:2007, please mark with a cross.				<input type="checkbox"/>

*) Please fill in annexes

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3. Factors which can influence the time needed for the audit			
In-house development? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Low process risk	<input type="checkbox"/> Mature Management System	<input type="checkbox"/> Family-owned company or simple processes
<input type="checkbox"/> Large variety of regulations	<input type="checkbox"/> High process risk	<input type="checkbox"/> Large location with small no. of employees	<input type="checkbox"/> Small location with large no. of employees
<input type="checkbox"/> High level of automation	<input type="checkbox"/> Identical activities on all shifts	<input type="checkbox"/> Large no. of people with unique activities	<input type="checkbox"/> Large no. of people who work "off location"
Did a consultant support you?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Consulting firm		Contact	
When do you plan your audit?			
Do you have outsourced processes?		<input type="checkbox"/> No	<input type="checkbox"/> Yes, which?

4. Which kind of certification do you require? (Multiple choice possible)		
<input type="checkbox"/> Single certification	All locations will be certified separately	
<input type="checkbox"/> Matrix certification	All locations will be certified as one group	
<input type="checkbox"/> Combined / Integrated certification	By certification of two or more management systems at the same time, we can use synergies to reduce the time of the audit	
Do you want to have an integrated audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want to have a Remote Audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the necessary infrastructure for a Remote Audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. In case of integrated audits: How high is your level of integration?		
Please fill in following points for certification at the same time:		
An integrated documentation set, including work instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management Reviews that consider the overall business strategy and plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to internal audits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to policy and objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to systems processes (process descriptions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An integrated approach to improvement mechanisms, (corrective and preventive action; measurement and continual Improvement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Integrated management support and responsibilities (common management representatives)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Information for transfer of certificates

Are the audit reports from the last certification period available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any nonconformities from the previous audit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all nonconformities from the previous audit closed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Why do you want to change the certification 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.

7. Existing Certifications

Please list all your existing certifications here.

Certificate number	Standard / Directive etc.	Certification Body	Date of initial certification audit	Valid until

8. Scope / Business operation to be certified

(for example: "Development, manufacture and sale of...", "Trade with..." etc.;
Special feature with IATF 16949: activities adding value and product development, if applicable)

ขอบข่ายการรับรอง.....

- How many HACCP-studies you have? [คุณมีกี่ HACCP Plan – ระบุจุด CCP (จุดวิกฤต) อะไรบ้าง]
.....
- How many Key Processes you have? [มีกระบวนการหลักกี่กระบวนการ]
.....
- How many total numbers of production lines (product group)? [มีกี่กลุ่มผลิตภัณฑ์]
.....

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- What are your products or services? [สินค้า หรือบริการของคุณคืออะไร]
.....
- Size of manufacturing facility in square meters? [ขนาดพื้นที่โรงงานขนาดเท่าไร]
.....
- FDA Establishment Identifier of the facility subject ? (USFDA)
.....

9. Are you a member of an industry, professional or trade association/federation?

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10. Any further information you think may be important for us?

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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

Location No. <input style="width: 50px;" type="text"/>			
Temporary location	<input type="checkbox"/> Constr.	<input type="checkbox"/> Project:	
Outsourced process	<input type="checkbox"/> Store	<input type="checkbox"/> Others:	
General informationen			
Company with legal form			
Street			
Postcode	City	Country	
Contact (First / Second Name)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	
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Special feature with IATF 16949: <u>activities adding value</u> and product development, if applicable)			

If further locations are to be included, please copy this page and complete.