

Questionnaire - Preparation for a Certification Procedure



Dear Client / Future Client,

In our capacity as a provider of certification services for management systems, we require some information about your company in order to draw up an offer to fit your circumstances. This information is also vital to us when planning and preparing the necessary certification/surveillance and recertification audits.

By supporting us in this, you will help to ensure that the certification process is accomplished as smoothly and easily as possible.

Please fill in the questionnaire, including any further necessary information and documents as an Annex. Thank you!

1. General information *(If the organisation to be certified is a group of companies or if combined/multi-site certification is required, please give information about the group as a whole [Main headquarters / Central Office, total no. of employees / no. of workforce etc.]*)

Company: _____

Address: _____

Town, Postcode: _____ Country: _____

Contact: Mr. / Mrs. / Ms. (First name / Second name)

Function:

Telephone: _____ Mobile: _____

Telefax: _____ E-mail: _____

2. No. of employees at the location *(for combined / multi-site certification, total number of employees in the group or the company network)*

No. of employees:		Calculated in terms of full-time employees *):	
No. of employees in shift working:		Calculated in terms of full-time employees *):	
No. of shifts:			

*) not permissible with ISO TS 16949

3. Target certification

<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO 14001	<input type="checkbox"/> OHSAS 18001	<input type="checkbox"/> ISO/TS 16949	<input type="checkbox"/> ISO 20000
<input type="checkbox"/> ISO 22000	<input type="checkbox"/> ISO 27001	<input type="checkbox"/> ISO/TS 29001	<input type="checkbox"/> AZWV	<input type="checkbox"/> KBA
<input type="checkbox"/> VDA 6.1	<input type="checkbox"/> VDA 6.2	<input type="checkbox"/> VDA 6.4	<input type="checkbox"/> IRIS Railway	<input type="checkbox"/> SCC*, SCC**, SCP
<input type="checkbox"/> EMAS	<input type="checkbox"/> IFS	<input type="checkbox"/> BRC	<input type="checkbox"/> Eco Check	<input type="checkbox"/> Specialist Waste
<input type="checkbox"/> EN/AS 9100	<input type="checkbox"/> EN/AS 9110	<input type="checkbox"/> EN/AS 9120		

other:

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4. Possible exclusions

Development _____

Other _____

5. Are there outsourced processes or processes which have been separated off (e.g.: Sales/Development offices, external warehouses)?

yes no

If yes: Please enter the processes at other locations below (including no. of employees).

Name of organisation unit	No. of relevant employees	Country	Process (e.g.: development, calibration, customer services, laboratory, warehouse, despatch, human resources, sales)

6. Are there any temporary sites (e.g.: building sites, locations, local projects)?

yes no

If yes: Please list the temporary sites below.

7. Integrated Certification

Is there an integrated management system?

yes no

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Is the target to perform integrated certification audits (IMS audits)?

yes no

If yes, according to what standards?

ISO 9001 ISO 14001 OHSAS 18001

Other:

8. Is a combined/multi-site certification desired?

yes no

If yes: Please list the individual production/service locations below, and complete **Annex 1** for each location.

9. Area of Application/Scope for the certification

(Please describe activities and products/services here; e.g. development, manufacture and sale of..., trade with...,) (for ISO TS 16949: processes which add value, and product development if appropriate)

10. Management System Certificates already gained

Certificate No.	Standard / Regulation	Certification company	Date of certification audit (dd.mm.yyyy)	Valid until (dd.mm.yyyy)

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11. Consultancy services

Have consultancy services been used in the last 2 years for installation or development of the management system?

no yes, by whom ?

12. Certification date

What is the planned date for the certification audit?

Audit Stage 1 _____
 Audit Stage 2 _____

Remarks:

We herewith confirm that the information given above and in the attached annexes is complete and accurate. We agree that our information may be stored within the framework of offer preparation and process/order implementation.

Place/Date	Name, Function	Signature *)
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*) If sent by E-mail, the sender's address is acceptable