**Dear Client,**

As a certification body (CB) performing certifications of QM systems, we require some information regarding your company in order to plan and prepare certification / surveillance / transfer and recertification audits. Please help us by answering the questions below in order to ensure a smooth certification procedure.

Please complete the questionnaire and attach any necessary information / documents in the form of annexes (one questionnaire per site for Corporate Scheme Certification).

Please fill up separate questionnaire per site in case of multi-site certification (corporate scheme)!

1. **General information of the production site:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of site:** |  | | |
| **Address:** |  | | |
| **Postcode, town:** |  | | |
| **Country:** |  | | |
| **Contact person:** |  | **Function:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **Fax:** |  | **E-mail:** |  |
| **VAT number:** |  | **Web-site:** |  |

**Correspondence address** (please X as appropriate):

|  |  |  |
| --- | --- | --- |
|  | address acc. to the production site | |
|  |  | |
|  | address acc. to the companies register | |
|  |  |  |
|  | another address: |  |

1. **Do you wish to have corporate scheme certification (different sites within one organisation) acc. to IATF 16949:2016 Rules 5.3?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | yes | |  | no | |
| **If so, please give the following information regarding the organisation headquarters:** | | | | |
| **Name:** | |  | | | |
| **Address:** | |  | | | |
| **Postcode, City:** | |  | | | |
| **Country:** | |  | | | |

1. **Are there Extended Manufacturing Sites (“EManS”) to the main site above**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | yes |  | no | | |
| Number of EManS to the site named above \*) | | | |  |

\*) please add form “A13F010A01-Attachment”, one per EManS to this document

1. **Targeted certification**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | IATF 16949:2016 **\*)** | |  |  | ISO 9001:2015 |  |  | RREG 70/156/EEC |
|  |  | |  |  |  |  |  |  |
|  | VDA 6.1 Rev. \_\_\_\_\_\_\_\_ | |  |  | VDA 6.2 Rev. \_\_\_\_\_\_ |  |  | VDA 6.4 Rev.\_\_\_\_\_\_\_ |
|  |  | |  |  |  |  |  |  |
|  | Other standards: |  | | | | | | |

**\*) NOTE:**

**For IATF transition audit** from ISO/TS 16949:2009 to IATF 16949:2016 **please attach form “A13F010A02-Transition Readiness Pre-Check”** (resp. in case of Corporate Scheme Certification once for the Corporations main site).

1. **Possible exclusions**

|  |  |
| --- | --- |
|  | “Product Design” (according to IATF 16949 clause 8.3) |

Note: Product design should be excluded if there is no design responsibility for series production parts supplied to the customer, i.e. when the design responsibility of all supplied products is with the customer. The design activities for tools are not considered to be product design in this sense.

* 1. **current situation related to design responsibility**

If you are design responsible for products please answer the following questions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Are there active / ongoing product design projects within the last 12 months? | | | yes |  | no |  |
|  | | |  |  |  |  |
| * Do you still supply series products for which you were design responsible? | | | yes |  | no |  |
| Please write product(s) name: |  | | | | | |
|  |  | | | | | |
| * Are you currently authorized as a “design responsible supplier" by a recognized automotive OEM? | | yes | |  | no |  |
|
| Please write OEM(s) name: |  | | | | | |
|  |  | | | | | |

1. **Current or previous Management System Certificates for the production site (if any)**

| **Certificate No. resp. IATF No.** | **Norm / Standard / Regulation** | **Certification Body** | **Last audit day of the certification or recertification audit** (dd.mm.yyyy) | **Certificate valid until** (dd.mm.yyyy) |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Is this audit a transfer audit from another Certification body to TÜV NORD CERT?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | yes |  | no | | |
| If yes, Name of the previous Certification body: | | | |  |

1. **Information on the number of employees at the production site** (incl. employees of all EManS related to the site)

Note: The onsite audit man days depend on the number of employees (“heads”). Employees include permanent, part-time, contracted and temporary (based on the average number of employees for the previous six (6) month period) employees

|  |  |
| --- | --- |
| Total number of employees (incl. all employees in EManS if applicable) |  |
|  | |  |
| Thereof number of employees in all EManS (if applicable) | |  |

1. **Are there multi languages used in the company** (e.g.: Manufacturing: local language, Management: English and local, Sales: English and local etc.)?

Note: This information will be used for calculation of translator needs during the audit.

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

If yes, please define:

| **Language** (e.g. local, English…) | | **Number of employees speaking this language** |
| --- | --- | --- |
| Local language only (please name language) : |  |  |
| English: | |  |
| German: | |  |

1. **Area of Application / Scope for the certification of the production site:**

The products/services that are to be certified, named in English as they should appear on the certificate, e.g. “Design and Manufacturing of …”

|  |
| --- |
|  |

Example for scope for the certification:

* “design and manufacturing of widgets”, “manufacturing of widgets” or “manufacturer of widgets”, “assembly, heat treat, welding, plating, painting, etc. of widgets”
* Shall neither include: “…for the automotive industry”, “…for passenger cars”, “…light commercial vehicles”, “.motorcycles “ (or similar); nor “Development”, “Sales”,” Engineering”, “Servicing”, “Warehousing”, “Sequencing”, etc.

1. **Main Customers within Automotive Industry:**

|  |
| --- |
|  |

1. **Separation of Production site into Automotive resp. Non-Automotive.**

Note: This may be applicable when the following conditions are met:

* all automotive manufacturing processes are physically separated from non-automotive manufacturing (e.g. separate building, permanent barrier in between auto and non automotive lines / machines, etc.)
* personnel working in the automotive manufacturing process areas are completely dedicated,
* The same ratio should be applied to the support activity headcount.
* Note: If the automotive manufacturing processes are integrated on the manufacturing floor or within a building with non-automotive processes, then this requirement cannot be applied!

**Are the aforementioned conditions met?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

Note: If applying for separation of Non-Automotive production an approval from the relevant IATF Oversight office is required prior to implementation. This application will be processed via TNCERT on your request through completed form A13F181e – “Application for Audit Day Reduction for Rules 5.2h”

1. **Main products of the production site**

Please list the main products (e.g. axles, mudguards, cooling system, plastic injection mold parts etc.)

|  |
| --- |
|  |

1. **Manufacturing processes performed at the production site**

Please list the manufacturing processes (e.g. stamping, welding, machining), including the shifts, where they occur

| **manufacturing and / or service process name** | **Operational shifts**  (e.g. 1, 2, 3) |
| --- | --- |
|
| mechanical processing |  |
| machining |  |
| annealing |  |
| foaming |  |
| assembly |  |
| Injection moulding |  |
|  |  |

Production / manufacturing is done acc. to the following shift pattern and times

| **Shift** | **Shift times** |
| --- | --- |
| 1st shift | 6:00 a.m. - 2:00 p.m. |
| 2nd shift | 2:00 p.m. - 10:00 p.m. |
| 3rd shift | 10:00 p.m. - 6:00 a.m. |

1. **Are there any remote locations?**

Note: remote location (RL) means locations outside of / remote from the production site which supports the site in its activities (e.g. sales / design offices, but also external warehouses etc.) Please list all remote locations, also those which are audited by another certification body.

| Ident-Number of Remote location | **Company / Location name and address** | **Number of employees** supporting the considered site | **Status of Remote Location if audited by another CB** | | |
| --- | --- | --- | --- | --- | --- |
|  | **Certification Body (CB)** | **Date of the last audit** | |
|  | ISO/TS 16949:2009 | IATF 16949:2016 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

1. **Membership of industry associations**

Is / are the above company / group of companies a member of an industry association (e.g. automotive industry association, forging industry association, casting industry association …)?

|  |  |  |
| --- | --- | --- |
|  | Yes, which? |  |
|  | No |  |

1. **Advisory/consultancy services**

Have advisory/consultancy services been used in the last 2 years with regard to the establishment and the development of the QM System?

|  |  |  |
| --- | --- | --- |
|  | Yes, by whom? |  |
|  | No |  |

1. **Confirmation**

We hereby confirm that the information given in this questionnaire and in the Annexes is complete and correct, and that we will inform TÜV NORD CERT GmbH immediately in the case of legal, commercial and organisational changes in the company, major changes in the processes or areas of activity and in the case of specific OEM changes of status.

We agree that the certification body will inform the IATF if the certification company is changed, and that the certification will place the audit report(s) at the disposal of the IATF / VDA-QMC if they so request. In addition, IATF / VDA-QMC Representatives and their representative have the right to enter the audited company at any time, and can participate in audits in the company in order to perform a witness audit or observe audits. This also applies to the “Internal Witness Audits of the Certification Body” (neutral assessment of an auditor by a member of staff of the certification body). Witness Audits cannot be refused. They do not give rise to any additional costs.

**Attachment 01 for possible EManS added?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

**Attachment 02 for Transition Audits added?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes |  | no |

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

\*) If sent by email, the address of the sender is accepted