Dear client,

**Return by email to snaw@tuv-nord.com**

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. 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.

If we do not receive any feedback from you, we assume that nothing has changed since the last certification cycle. Should we find that the information is not correct or that changes have occurred, this may require a new calculation of efforts and prices.

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| **General information** (Only main location / Company headquarters) | | | | | | |
| Company with legal form |  | | | | | |
| Street |  | | | | | |
| Postcode |  | City |  | | Country |  |
| Contact(First / Second Name) | Mr. | Mrs. |  | | | |
| Function | QR | other |  | | | |
| Telephone |  | | Internet |  | | |
| Telefax |  | | E-Mail |  | | |
| Sector |  | | | | | |
| Comp. Reg. No. |  | | VAT No. |  | | |
| *For further locations please fill in Page 4* | | | | | | |

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| **1. No. of employees at the location** | (if appropriate, total employees employed in the corporation, group etc. | | |
| 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 |  |

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| **2. Which certification do you require?** |

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| **Certification** | **Re-Certification** | **Transfer** | **Extension** | | **Pre-audit** | |
| ISO 9001 | ISO 14001\* | ISO 50001\* | ISO 45001 | | IATF 16949 | |
| SCC\*/\*\*,SCCP, SCP | ISO 27001\* | BS 10012 | ISO 21001 | | ISO 22000\* | |
| EN 91xx | AZAV | BRC\* | EMAS\* | IFS\* | | |
| DIN SPEC 91020 | ISO 37001\* | TISAX | MAAS BGW | GMP\* | | |
| ATEX | IECEx | UKEX | CCC (for Ex) | Others: | | |
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*\*) Please fill in annexes*

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| **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 on all shifts | |  | Large no. of people with unique activities | | | | | |  | Large no. of people who work “off location” |
| Did a consultant support you? | | | | | | | | No Yes | | | | | | | |
| Consulting firm | | |  | | | | | Contact | | |  | | | | |
| Have you received Inhouse-Trainings from a company of the TN GROUP? | | | | | | | | | No Yes | | | | | | |
| Training Provider | | | |  | | | | | Contact | | | |  | | |
| When do you plan your audit? | | | | | |  | | | | | | | | | |
| Do you have outsourced processes? | | | | | | No | | | | Yes, which? | |  | | | |
| For explosion protection: | | | | | | Which protection types? | | | | | | | | | |
|  | | | | | | ISO 9001 already available? No Yes | | | | | | | | | |

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| **4. Which kind of certification do you require?** (Multiple choice possible) | | | |
| Single certification | All locations will be certified separately | | |
| Matrix certification | All locations will be certified as one group | | |
| 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? | | Yes | No |
| Do you want to have a Remote Audit? | | Yes | No |
| Do you have the necessary infrastructure for a Remote Audit? | | Yes | No |

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| **5. Requirements for Remote Audits** (Multiple selection possible) | | |
| Computer with Internet access | Yes | No |
| Conferencing tools (WebEx, Skype for Business, Zoom, etc.) | Yes | No |
| Webcam | Yes | No |
| Good audio equipment (microphone, speakers, headset, telephone, etc.) | Yes | No |
| Secure and stable internet connection (LAN, WLAN), also in all areas of the production facility | Yes | No |
| If there are specific security requirements in the client organization, the client is responsible for providing a secure internet connection | Yes | No |
| Do the information security measures for the remote audits comply with legal requirements, statutory, regulatory or contractual obligations? | Yes | No |
| Do the information security measures of the equipment used for the remote audits correspond to the state of the art, e.g. the requirements of ISO 27002, GER BSI baseline protection or an analogous standard? | Yes | No |
| Can you offer encrypted communication for remote audits? | Yes | No |
| Are the people responsible for the remote audit familiar with the information security settings for running remote audits? | Yes | No |

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| **6. 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 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 | 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 |

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| **7. 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 |
| 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.**

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| **8. Existing Certifications** | | | | |
| Please list all your existing certifications here. | | | | |
| Certificate number | Standard / Directive etc. | Certification Body | Date of  initial certification audit | Valid until |
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| **9. 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) |
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| **10. Are you a member of an industry, professional or trade association/federation?** |
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| **11. Any further information you think may be important for us?** |
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| **12. Documents to be submitted 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  Documents for planning the (re)certification or extension audit (These documents are to be sent to the lead auditor before the audit.)  company policy  management system documentation  management review  audit programme and report of internal audits  standard-specific evidence, if applicable (e.g.: environmental permits, accident statistics, energy report). |

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.

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

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

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| **Location No.** | | | | | | | | | | | |
| Temporary location | | Constr. site | | Project: | | | | | | | |
| Outsourced process | | Store | | Others: | | | | | | | |
| **General informationen** | | | | | | | | | | | |
| Company with legal form |  | | | | | | | | | | |
| Street |  | | | | | | | | | | |
| Postcode |  | | City | | |  | | | Country |  | |
| Contact(First / Second Name) | Mr. | | Mrs. | | |  | | | | | |
| Function | QR | | other | | |  | | | | | |
| Telephone |  | | | | | Internet | |  | | | |
| Telefax |  | | | | | E-Mail | |  | | | |
| Sector |  | | | | | | | | | | |
| Comp. Reg. No. |  | | | | | VAT No. | |  | | | |
| **No. of employees at the location** | | | | | | | | | | | |
| 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 | | | |  |
| **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) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| *If further locations are to be included, please copy this page and complete.* | | | | | | | | | | | |