**Dear Client,**

As a certification body (CB) performing certifications of QM systems, we require some information regarding your company to plan and prepare the oncoming audit. Please help us by answering the questions below 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)!

Certification structure and Audit type

|  |  |
| --- | --- |
| Certification structure | Manufacturing site (MS) |
| Audit type | Stage 2 |

1. **General information of the manufacturing site (“MS”):**

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

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

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

1. **Is this Audit part of a corporate scheme certification according to IATF Rules, 6th Edition 1.1 c) and 5.3?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | yes \*) |  | no |

\*) if yes please add form “A13F017e Application form for approval of status as a Corporate Scheme Certification”

1. **Are there Extended Manufacturing Sites (“EMS”) to the main manufacturing site above according to IATF Rules, 6th Edition 1.1 b)?**

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

\*) please add form “A13F015e Application form for approval of status as Extended Manufacturing Site (“EMS”)”, one per “EMS” to this document.

1. **Related certification standard**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | IATF 16949:2016 | |  |  | ISO 9001:2015 |  |  | VO (EU) 2018/858 (KBA) |
|  |  | |  |  |  |  |  |  |
|  | VDA 6.1 | |  |  | VDA 6.2 |  |  | VDA 6.4 |
|  |  | |  |  |  |  |  |  |
|  | Other standards: |  | | | | | | |

1. **Possible exclusions**

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

Non-product design responsibility

A manufacturing site (i.e., a single site or a site in a corporate scheme) can only be considered nonproduct design responsible if it neither receives design support from, nor provides design support to another client location, and if it receives fully designed and developed product specifications from its customer (i.e., “make to print”) for all automotive products it manufactures or that are projected to be manufactured. If the manufacturing site is part of a corporate scheme, and the corporate scheme has product design capabilities, the relevant manufacturing site has to demonstrate that there is no interaction with any product design support function and that the product design is excluded from its quality management system.

* 1. **Current situation related to Product Design responsibility**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Do you have product design–related processes that exist within the defined quality management, including outsourced product design? | yes |  | no |  |
|  |  |  |  |  |
| * Do you have contracts with customers that require the applicant organization to design the automotive products it manufactures and sells to the customer? | yes |  | no |  |
|

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

| **Site #** | **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 manufacturing site**

Note: The onsite audit man days depend on the number of employees (“heads”). The total number of employees at the manufacturing site, including its extended manufacturing site(s) and the number of employees at the standalone remote location(s) (including permanent, part time, contract and temporary employees, and the average number of daily workers utilized in the the previous six (6) month, period) and the number of relevant employees in supporting activities (remote or on site).

|  |  |
| --- | --- |
| Total number of employees including permanent, part time, contract, temporary employees, and the average number of daily workers for the previous six (6) month period, and number of all employees in Extended manufacturing site(s) (EMS) and excluding number of employees from standalone remote support location (SA-RSL) and (if applicable) |  |
|  |

|  |  |
| --- | --- |
| Thereof number of employees in all EMS (if applicable) |  |
|  |

1. **Are there multi languages used in the company** (e.g.: Manufacturing: national and / or local language, Management: English, national 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:

| **Languages** (e.g. National, Local, English…) | | **Number of employees speaking this language** |
| --- | --- | --- |
| Language 1 |  |  |
| Language 2 |  |  |
| Language 3 |  |  |

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. **Current main Customers within Automotive Industry**

|  |
| --- |
|  |

1. **Application for Automotive / Non-Automotive Separation in Production site**

**Has automotive separation be approved for previous 3rd Party audit?**

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

**Are the conditions still the same?**

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

Note: If no, re-approval is necessary.

**Are all of the following conditions met for the production site?**

* All automotive manufacturing processes are physically separated from non-automotive manufacturing (e.g., separate building, permanent barrier in between automotive 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 automotive manufacturing processes are integrated on the manufacturing floor with non-automotive manufacturing processes, then this requirement cannot be applied.

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

|  |  |
| --- | --- |
| Total number of employees dedicated to automotive (incl. all employees in EMS if applicable) |  |
|  |

**If yes, approval/re-approval process is as following:**

* If applying for separation of non-Automotive production an internally approval from TN CERT GmbH 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. **Current main products of the manufacturing site**

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

|  |
| --- |
|  |

* 1. **Are there any receiving support from Remote Support Location (RSL) and/or Stand-Alone Remote Support Locations (SA-RSL`s)?**

Note: Please list all remote locations, also those which are audited by another certification body.

Remote support location (RSL): location where one (1) or more support functions reside that provide support from the remote support location to a manufacturing site. Support functions may be located at another manufacturing site or at another client location where no automotive manufacturing occurs (SA-RSL)

**Standalone Remote Support Location (SA-RSL):** client location where one (1) or more support functions (e.g. sales, product design, purchasing, marketing etc) reside and no automotive manufacturing occurs, and that provides support from the standalone remote support location to one (1) or more manufacturing sites.

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

| **No RSL / SA-RSL** | **Company / Location name and address** | **SA-RSL or RSL** | **Number of relevant employees** (only for case of SA-RSL) | **Status of RSL / SA-RSL** | |
| --- | --- | --- | --- | --- | --- |
| **Certification Body (CB)** | **Date of the last audit** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| … |  |  |  |  |  |

**14.2 Functions carried out at remote support locations (RSL / SA-RSL)**

| Ident.-Number of Remote location | Aftersales | Calibration | Contract review | Customer service | Continuous improvement | Distribution | Engineering | Facilities management | Finance | Human resources | Information technologies | Internal audit management | Laboratory | Logistics | Maintenance | Management review | Marketing | Packaging | Policy making | Process design | Product design | Production equipment development | Purchasing | Quality system management | R&D | Repair | Sales | Sequencing | Servicing | Strategic planning | Supplier management | Testing | Training | Warehousing | Warranty management |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Changes in comparison with the last audit**

What major changes have taken place in the last year? Please fill in the table below. This is not relevant for Initial Audit.

|  |  |  |
| --- | --- | --- |
| **Changes** | **Yes / No** | **If changes have taken place, please describe / explain and submit relevant documents** |
| Change in legal entity status |  | e.g. official registration document |
| Change in ownership status (e.g. merger, acquisition, alliances, joint venture, etc.) |  | e.g. official registration document, new organization chart |
| Contact address or location changes |  | please specify |
| Change in management structure (e.g., top management, key decision-making staff, etc.) |  | e.g. new organization chart |
| Closure of a manufacturing site, extended manufacturing site or standalone remote support location |  | please specify |
| Relocation of (all of or part of) the manufacturing processes and/or support functions |  | e.g. Relocation timing plan, risk analysis regarding to risk to customer |
| Relocation of a manufacturing site, extended manufacturing site or standalone remote support location |  | e.g. Relocation timing plan, risk analysis regarding to risk to customer |
| Change in outsourcing of the quality management system processes, including product design |  | e.g. relevant information |
| Added a new customer(s) |  | name of new customer(s) |
| Lost customer(s) |  | name of lost customer(s) |
| Scope of operations changes under the quality management system, including any new locations  and/or support relationships to be covered in the certification scope |  | please specify |
| Product line changes |  | please specify |
| Other |  |  |

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. **Impartiality and Independency**

Due to requirements of the IATF regarding impartiality and independency, we are obliged to have the following question answered by you:

* Does your company / the plant to be certified belong to a group of companies / Corporation?

|  |  |  |
| --- | --- | --- |
|  | If yes, which? |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

* Have in-house training courses been carried out in your company / group of companies by TÜV NORD Group companies since the last TUEV NORD audit.

|  |  |  |
| --- | --- | --- |
|  | If yes, on which topics? |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

* Have employees of your company / group of companies taken part in public training events / seminars organised by TÜV NORD Group companies?

|  |  |  |
| --- | --- | --- |
|  | If yes, which topics? |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

* Have you taken advantage of consulting services or training on the management system or on management system related tools (internal auditing, "core tools" such as FMEA, SPC, MSA, APQP, PPAP etc.) since the last TUEV NORD audit?

|  |  |  |
| --- | --- | --- |
|  | If yes, when, by whom, which topics? |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

1. **Personal Protection Equipment (PPE) requirements**

Are there any PPE (e.g. safety glasses, steel toes shoes, hard hat, ear plugs, dress code, watch safety video, etc.) requirements in your organization?

|  |  |  |
| --- | --- | --- |
|  | If yes, which? |  |

|  |  |  |
| --- | --- | --- |
|  | No |  |

**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.

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

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

**For use of TÜV NORD CERT** (processed by IATF 16949:2016-approved Application Reviewer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Please answer the following questions based on the information provided in this form and, where applicable, in forms A13F015e and A13F017e** | **Not applicable** | **yes** | **no** |
| 1. Are all impartiality risks that would preclude TÜV NORD from entering a legal contract with the client are identified (e.g.: In house training, conflict of interest)? |  |  |  |
| 1. Is the desired certification scope meets the eligibility requirements in IATF Rules 6th edition, section 1.0? |  |  |  |
| 1. Is the product design responsibility correctly determined? |  |  |  |
| 1. Is the desired certification structure meets the applicable requirements in IATF Rules 6th edition, section 1.1? |  |  |  |
| 1. Is the information about the applicant organization and its quality management system sufficient to understand its certification profile, calculate the audit days, and proceed with the certification process? |  |  |  |
| 1. Are any known difference in understanding with the client resolved? |  |  |  |
| 1. Are other factors and conditions influencing the certification activities (e.g., language, safety requirements, transfer times between manufacturing sites and extended manufacturing sites, etc.) are understood? |  |  |  |
| 1. Are all the necessary resources available to perform the certification activities (e.g.: auditor team with relevant scope, technical expert, translator)? |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Decision of TNCERT internal acceptance of Application by Application Review:** | **yes** | **no** |
| Application accepted? |  |  |
| Is special audit needed to evaluate the changes? |  |  |
| In case of relocation are any risk to customers, the capability of the quality management system to continue to fulfil the IATF 16949 requirements, the impacts on the certification and audit scope, and the certification structure based on provided to relocation timing plan, risk analysis regarding to risk to customer?  If, yes which risk you identified: …… |  |  |
| In case of relocation is initial audit needed? |  |  |
| In case of relocation is special audit needed? |  |  |
| Reason for rejection if decision is “No”: | | |

|  |  |  |
| --- | --- | --- |
| The Application Reviewer confirms with signature that the application will be added to Audit Documentation as appropriate. | | |
|  |  |  |
| place/date |  | Signature\*) |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revision history:** | | | | |
| Revision Number | Revision Date | Item No. | Comment | Revised by |
| 00 |  |  |  |  |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |