

Questionnaire for certification of products and quality systems for medical devices

TÜV NORD CERT GmbH
Certification body for medical devices

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Please complete the form and send it to medical@tuev-nord.de.

1. Contact and business details

Company Name:			
Address: <i>Please fill in complete address</i>		Country/ zip code:	
Contact person: <i>(Family and given name)</i>		Position:	
Phone/fax:		E-mail:	
VAT identification number:		Homepage:	
National Registration No. (e.g. DIMDI in Germany):			

Please include the organizational chart and the current trade register excerpt

We do not have a site in Europe ☐

In this case please state contact details of your European Representatives/Agent:

Company Name:	
Contact Person:	
Street:	
State ZIP:	City:
Telephone:	Fax:
E-mail:	
Homepage:	
National Registration No.	

We offer the following Services

Certification According to Quality Management Systems in their most current versions Please tick off the desired services and fill out the stated appendixes.

DIN EN ISO 9001 <input type="checkbox"/> DIN EN ISO 13485 <input type="checkbox"/> DIN EN ISO 13485 / KRINKO (Germany only) <input type="checkbox"/>	MDSAP (via TUV USA) <input type="checkbox"/> Ukraine Registration <input type="checkbox"/>
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Ready?	
Checklist please attach the following documents:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Corporate Brochure Product information / Brochure / Manual (for relevant products) Overview of your product based on the risk category and product coding Copy of other relevant existing certificates of your company (etc. EC Directives) Copy of existing Certificates of the OEM manufacturer - if applicable - Copy of trade register excerpt Organizational chart of headquarter and branch offices If necessary, contact details of your European Representative

2. Information on the scope of the certificates

Please name the desired scope of the DIN EN ISO 9001 certificate	
	Have you introduced an appropriate quality system completely? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Are you already certified to this standard? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Exclusion of the Standard:	

Please name the desired scope of the DIN EN ISO 13485 certificate	
	Have you introduced an appropriate quality system completely? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Are you already certified to this standard? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Exclusion of the Standard:	

3. Information about the company locations and branch offices

Please state the company locations and branch offices, which should be included in the <u>certification</u>			
	Headquarter	1st. Branch office	2nd. Branch office
Address:			
City, State ZIP:			
Contact Person: <i>Given- and family name</i>			
Position:			
Phone/fax:			
E-mail:			
Number of Employees: <i>Calculated as fulltime employees</i>			
Number of shifts:			
employee number of each shift:			
Number of employees in:			
• Design & Development			
• Material, Purchasing			
• Production			
• Sterilisation			
• Sale			
• Labelling and Packaging			
• Maintenance			
• Quality Assurance			
• Administration			
• Miscellaneous			

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Performed activities on each location			
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Please include the organizational chart and the current trade register excerpt

Do all locations operate under a common quality system? Yes: ☐ No: ☐

If no, further explanation please

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4. Information on outsourced processes and sub-contractors

Please state which QM relevant services / processes are awarded to external companies / suppliers. For example it could be the development, marketing/Sales, manufacturing (or parts of the manufacturing).

Are relevant processes of the quality management system outsourced? ☐ Yes / ☐ No

Information about your external services (Please tick off where applicable)

Which parts of the manufacturing process subcontracted: (If Subcontractors hold Certifications and Please Attach):		Quality agreement available?		Subcontractor certified?	
		Yes	No	Yes	No
<input type="checkbox"/>	Development Product / Component: Subcontractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Design Product / Component: Subcontractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Production / assembly Product Component: Subcontractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Section Assembly Product / Component: Subcontractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cleaning Product / Component: Subcontractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Coating Product / Component: Subcontractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Subcontractors Register			
	1.	2.	3.
Address:			
City, State ZIP:			
Contact Person: Given- and family name			
Position:			
Phone/fax:			
E-mail:			
Outsourced activity / process:			

Subcontractors Register			
	4.	5.	6.
Address:			
City, State ZIP:			
Contact Person: Given- and family name			
Position:			
Phone/fax:			
E-mail:			
Outsourced activity / process:			

If more subcontractors are used as listed above,
please send a separate list with the above requested data.

5. Information about products and technologies

Please select as applicable

- for Companies with class I devices, please select all applicable MD and MDS product code(s)
- for Companies providing components or services, please select the main product technology or services, S-Code(s)

NANDO Codes (MD, MDS)		
<input type="checkbox"/>	MD 0101	Non-active devices for anaesthesia, emergency and intensive care
<input type="checkbox"/>	MD 0102	Non-active devices for injection, infusion, transfusion and dialysis
<input type="checkbox"/>	MD 0103	Non-active orthopaedic and rehabilitation devices
<input type="checkbox"/>	MD 0104	Non-active medical devices with a measuring function
<input type="checkbox"/>	MD 0105	Ophthalmologic devices
<input type="checkbox"/>	MD 0106	Non-active instruments
<input type="checkbox"/>	MD 0108	Non-active devices for disinfecting, cleaning and rinsing
<input type="checkbox"/>	MD 0110	Non-active medical devices for ingestion
<input type="checkbox"/>	MD 0201	Non-active cardiovascular implants
<input type="checkbox"/>	MD 0202	Non-active orthopaedic implants
<input type="checkbox"/>	MD 0203	Non-active functional implants, others
<input type="checkbox"/>	MD 0204	Non-active soft tissue implants
<input type="checkbox"/>	MD 0301	Bandages and wound dressings
<input type="checkbox"/>	MD 0302	Suture material and clamps
<input type="checkbox"/>	MD 0303	Other medical devices for wound care
<input type="checkbox"/>	MD 0401	Non-active dental equipment and instruments
<input type="checkbox"/>	MD 0402	Dental materials
<input type="checkbox"/>	MD 0403	Dental implants
<input type="checkbox"/>	MD 1101	Active devices for extracorporeal circulation, infusion and haemopheresis
<input type="checkbox"/>	MD 1102	Active respiratory devices, devices for oxygen therapy incl. hyperbaric chambers and inhalation anaesthesia
<input type="checkbox"/>	MD 1103	Active devices for stimulation or inhibition
<input type="checkbox"/>	MD 1104	Active surgical devices
<input type="checkbox"/>	MD 1105	Active ophthalmologic devices
<input type="checkbox"/>	MD 1106	Active dental devices
<input type="checkbox"/>	MD 1107	Active devices for disinfection and sterilization
<input type="checkbox"/>	MD 1108	Active rehabilitation devices and active prostheses
<input type="checkbox"/>	MD 1109	Active devices for patient positioning and transport
<input type="checkbox"/>	MD 1111	Software

<input type="checkbox"/>	MD 1112	Medical gas supply systems and parts thereof
<input type="checkbox"/>	MD 1201	Active devices utilizing ionizing radiation
<input type="checkbox"/>	MD 1202	Active devices utilizing non-ionizing radiation
<input type="checkbox"/>	MD 1301	Monitoring devices of non-vital physiological parameters
<input type="checkbox"/>	MD 1302	Monitoring devices of vital physiological parameters
<input type="checkbox"/>	MD 1401	Active devices utilizing ionizing radiation
<input type="checkbox"/>	MD 1402	Active devices utilizing non-ionizing radiation
<input type="checkbox"/>	MDS 7001	Medical devices incorporating medicinal substances drugs (Directive 2001/83/EC)
<input type="checkbox"/>	MDS 7004	Medical devices referencing the Directive 2006/42/EC on machinery
<input type="checkbox"/>	MDS 7006a	E.O.
<input type="checkbox"/>	MDS 7006b	Gamma
<input type="checkbox"/>	MDS 7006c	Steam
<input type="checkbox"/>	MDS 7006d	Plasma
<input type="checkbox"/>	MDS 7006e	Perchloracetic acid
<input type="checkbox"/>	MDS 7006g	Hydrogen peroxide
<input type="checkbox"/>	MDS 7007	Medical devices utilizing micromechanics
<input type="checkbox"/>	MDS 7008	Medical devices utilizing nanomaterials
<input type="checkbox"/>	MDS 7009	Medical devices utilizing biological active coatings and/or materials or being wholly or mainly absorbed
<input type="checkbox"/>	MDS 7010	Medical devices incorporating software / utilizing software / controlled by software
<input type="checkbox"/>	IVD 4601	Clinical chemistry
<input type="checkbox"/>	IVD 4602	Hematology
<input type="checkbox"/>	IVD 4603	Immunology
<input type="checkbox"/>	IVD 4605	Specimen receptacles
<input type="checkbox"/>	IVD 4606	Instruments and software and components for instruments
<input type="checkbox"/>	IVD 4607	Distribution
S-Codes		
<input type="checkbox"/>	S 0106	Microbiology, hygiene, cleaning, disinfection and sterilisation
<input type="checkbox"/>	S 0107	Environmental control
<input type="checkbox"/>	S 0108	Cleanroom manufacturing
<input type="checkbox"/>	S 0110	processing, preservation, testing and treatment of tissues, cells and substances of animal origin
<input type="checkbox"/>	S 0121	Maintenance, repair and installation of medical Devices (Installation Services)
<input type="checkbox"/>	S 0122	Disposal
<input type="checkbox"/>	S 0123	Patent affairs
<input type="checkbox"/>	S 0124	Material and manufacturing techniques
<input type="checkbox"/>	S 0125	Thin and thick film technology
<input type="checkbox"/>	S 0126	Precision mechanics and optics
<input type="checkbox"/>	S 0127	Welding and bonding techniques
<input type="checkbox"/>	S 0128	Manufacturing techniques for ceramics
<input type="checkbox"/>	S 0129	Polymer processing (extrusion, injection moulding,...)

<input type="checkbox"/>	S 0130	Metal processing (prototyping, reshaping, ...)
<input type="checkbox"/>	S 0131	Textile/fiber processing, weaving technologies
<input type="checkbox"/>	S 0132	Process techniques
<input type="checkbox"/>	S 0133	Packaging technologies
<input type="checkbox"/>	S 0135	Software
<input type="checkbox"/>	S 0136	Micromechanics
<input type="checkbox"/>	S 0137	Nanomaterials
<input type="checkbox"/>	S 0138	Electronic Components
<input type="checkbox"/>	S 0139	Trade of Medical Devices
<input type="checkbox"/>	S 0140	Custom made devices; please specify: opticians offices, dental technology, audiology, orthopedics and orthopedic technology, rehabilitation technology:
<input type="checkbox"/>	S 0145	Semi-finished products and components
<input type="checkbox"/>	S 0146	Raw materials
<input type="checkbox"/>	S 0147	Analysis of data obtained with the help of medical devices

If other, or further request, please specify