**1. General information on company / location**

(for companies with multiple locations, please complete the form for each individual location)

Please return to the following e-mail address: [dntokou@tuv-nord.com](mailto:dntokou@tuv-nord.com)

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| **Location no. \_\_\_\_\_\_ of \_\_\_\_\_\_** | | | | | | |
| **1. General information on company / location** | | | | | | |
| Name and company type \* |  | | | | | |
| Street/house number \* |  | | | | | |
| Postcode/city/country \* |  | | | | | |
| Contact person/position \* |  | | | | | |
| Tel-no.\* |  | | | | | |
| Email-adress\* |  | | | | | |
| Homepage |  | | | | | |
| Official company registration no.\* |  | | | | | |
| VAT ID no. \* |  | | | | | |
| Description of the product groups \* |  | | | | | |
| Scope/brief description of the production process / activity \* |  | | | | | |
| Are there seasonal activities?\* |  | | | | | |
| Language used in the company \* |  | | | | | |
| In case that the audit should be performed in English (because the auditor does not speek the language of the company) then \*:   1. The certification body shall provide a qualified translator not affiliated with the company for **the whole audit duration** 2. The presence of the translator can be reduced **to half of the audit duration** (during the site visit) **only if all following requirements are met**: 3. The upper lever of organization can speek English   **and**   1. **All** the following documentation is available in English:  * Hazard Analysis and Risk Assessment * Procedures of the Quality System and * records of last management review and internal audit\* | Please confirm that you agree the translator to be present during the whole audit duration because you don’t fullfil the requirements of point 2.  Please Confirm that the upper lever of organization can speek English  **AND**  Please confirm that **all documents/records at part b of the left column** are available in English | | | | | |
| Preferred report language \* |  | | | | | |
| Total number of employees \* |  | | | | | |
| Employees calculated as full-time equivalents (FTE)\* |  | | | | | |
| Number of shifts \* |  | | | | | |
| Number of employees per shift\* | Shift 1 |  | Shift 2 |  | Shift 3 |  |
| Administrative employees \* |  | | | | | |
| Size of production area including storage spaces \* |  | | | | | |
| Are there partly outsourced processes (**part** (s) of production steps /processes that are carried out off-site by a third-party company)? \* | yes  no  If yes, which activities are involved: | | | | | |
| Are there fully outsourced processes (products **fully** manufactured , packed and labelled by a third party company)? \* | yes  no  If yes, which products are involved: | | | | | |
| Are there **traded** products? (products manufactured, packed and labelled by and under a different company name than the company that is being under certification. \* | yes  no  If yes, which products are traded: | | | | | |
| Are there **decentralized** structures?  i.e other facilities owned by the company where part of processes or operations of the production site take place (e.g warehouse, workshop etc.)\* | yes  no  If yes, please short explanation: | | | | | |
| Which are the destination countries where the products are sold\* |  | | | | | |
| Did you had a recall of products during the last year?. |  | | | | | |
| Are there excluded products ? \*  For IFS HPC the questionnaire (decision tree, Annex 4 for IFS HPC ver3) should be filled by the company.  This should be filled by the company and verified **every year** by the CB. |  | | | | | |
| Are there centralised processes (processes organised by head office for multiple locations, e.g. purchasing, sales, product development)? \* | yes  no  If yes, is a separate audit of the head office desired:  yes  no  If yes, address of the head office: \* | | | | | |
| Decision of the company to conduct the audit as (depending on the standard) \* | Announced  Unounnounced | | | | | |
| ONLY relevant for Broker Certification  Number of suppliers\* |  | | | | | |
| **2. Information on transfer of certification from other certification bodies** | | | | | | |
| Existing certifications  (please enclose certificates) \* |  | | | | | |
| Why do you want to change the certifier? |  | | | | | |
| **3. Factors, that may have an influence on the audit effort** | | | | | | |
| If multiple standards are to be certified, is combined auditing desired? | yes  no | | | | | |
| Would you like a remote audit? | yes  no | | | | | |
| Do you have the necessary infrastructure for the remote audit? | yes  no | | | | | |
| Desired audit date |  | | | | | |
| **4. External consulting** | | | | | | |
| Were you supported by a consultant? |  | | | | | |
| Has your company received in-house training from a TÜV NORD company? | yes  no  If yes, please indicate training providers and trainers: | | | | | |
| **5. Space for comments** | | | | | | |
|  | | | | | | |

\**obligatory*

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| **7. Desired Certifications** | |
|  | IFS (International Featured Standard) |
|  | HPC ver 3  🡪  announced or  unannounced  Scope 1: Cosmetic products (IFS HPC ver.3 Personal Care Products)  Scope 2: Chemical household products  Scope 3: Household products for daily use |
|  | Scope 4: Personal hygiene products  Logistics 🡪  announced or  unannounced  Broker 🡪  announced or  unannounced |
|  | BRCGS Global Standard |
|  | Consumer Products  Agents & Brokers |
|  | ISO 22716 |
|  | EFfCI |
| I hereby confirm that our data may be stored within the framework of quotation generation, and for process and order handling. | |

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| Place, Date |  | Name or digital signature |  |