**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

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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 [ ]  noIf yes, which activities are involved: |
| Are there fully outsourced processes (products **fully** manufactured , packed and labelled by a third party company)? \* | [ ]  yes [ ]  noIf 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 [ ]  noIf 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 [ ]  noIf 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 [ ]  noIf yes, is a separate audit of the head office desired:[ ]  yes [ ]  noIf 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 CertificationNumber 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 [ ]  noIf 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 |  |