In order to be able to make you a detailed and complete offer for certifying/reviewing your organization, we would like to ask you to fill in this questionnaire and return it to us (Fax: +43 732 34 23 23 or e-mail: office@qualityaustria.com).

We will be pleased to answer your questions on the phone number +43 732 34 23 22 at our Customer Service Center.

## Address/Interlocutor

|  |  |
| --- | --- |
| Company: |       |
| Street: |       |
| Postal Code, Place: |       |
| Phone/Mobile Phone: |       |       |
| Fax: |       |
| E-Mail/Homepage: |       |       |
| VAT Identification Number: |       |
| Top Management: |       |
| Interlocutor for Quality Austria: |       |

## Data about the organization

|  |  |
| --- | --- |
| Legal form: |       |
| Main business purpose: | Trade [ ]  | Service prov. [ ]  | Production [ ]  |
| Scope acc. to EAC and NACE (if known) | EAC:       | NACE:       |
| Size of the organization: \*) | Small organization [ ]  | Medium-sized/large org. [ ]  |
| Affiliation to a company group: |       |
| Sector: |       |
| Product design relevant: | Yes [ ]  | No [ ]  |
| Field of activities, main products:(please state in detail)[For medical devices is the "technical area " in accordance with IAF MD9:2011 to lead] |       |

\*) **Notes to the Table – classification of incorporated firms:**

Classification of incorporated firms acc. to UGB (“Unternehmensgesetzbuch” – “Commercial Code”) § 221: Small organizations are organizations that do not exceed at least two of the three below mentioned features for the last two business years at the moment of a compulsory Conformity Review (e.g. audit):

1. Balance sheet total Euro 3,125 million
2. Euro 6,250 million sales revenues in the last twelve months before the fixed date for closing;
3. 50 employees on an annual average.

## Information on the structure

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Location | Number of salaried employees | Number of wage-earners | Number of employees in the area to be certified | Legal form \*) | Sales in Euro \*) |
| **if applicable** | Location 1 (Multisite) |       |       |       |       |       |       |
| Location 2 |       |       |       |       |       |       |
| Location 3 |       |       |       |       |       |       |
| Location 4 |       |       |       |       |       |       |
| Location 5 |       |       |       |       |       |       |
| Location 6 |       |       |       |       |       |       |
|  | Total number of employees |       |       |       |       |       |       |

|  |  |
| --- | --- |
| Number of shifts |       |

If available, please enclose an organization chart and possibly a process model (if certification acc. to ISO 9001 is desired) of the organization/area.

## Basis (standard, regulation, norm, guideline, legal regulation,  EU Directive)

What standard or regulation is to be at the basis of the audit/verification?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ISO 9001 | [ ] [ ]  | TS 16949 | [ ] [ ]  | BRC | [ ] [ ]  | SQAS | [ ] [ ]  |
| ISO 14001(environment) \*) | [ ] [ ]  | VDA 6.1 | [ ] [ ]  | ALINORM/HACCP | [ ] [ ]  | ISO 13485 | [ ] [ ]  |
| EMAS regulation \*) | [ ] [ ]  | VDA 6.2 | [ ] [ ]  | BRC/IoP | [ ] [ ]  | TL 9000 | [ ] [ ]  |
| OHSAS 18001 | [ ] [ ]  | VDA 6.4 | [ ] [ ]  | KTQ | [ ] [ ]  | IRIS | [ ] [ ]  |
| SCC  | [ ] [ ]  | EN 9100 | [ ] [ ]  | GMP | [ ] [ ]  | ISO 3834 | [ ] [ ]  |
| SCP  | [ ] [ ]  | ISO 22000 and FSSC 22000 | [ ] [ ]  | ISO 15189 | [ ] [ ]  | ISO 29990 | [ ] [ ]  |
| RT 05 | [ ] [ ]  | IFS | [ ] [ ]  | GLP | [ ] [ ]  | SES CR (air navigation service regulation) | [ ] [ ]  |
| EN 1090 | [ ] [ ]  | IFS Logistic | [ ] [ ]  | PEFC CoC and FSC Coc | [ ] [ ]  |       | [ ] [ ]  |

\*) For the certification, a separate form (feasibility environment) will have to be filled in. Please request it with Quality Austria – Customer Service Center if it is not available.

## Other data about the system

### Degree of system implemenatation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| at the start | [ ] [ ]  | partly in force | [ ] [ ]  | mature for certification  | [ ] [ ]  | [ ]  unknown | [ ]  |

### How many Certificates do you strive for?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 Certificate for the overall company: | [ ]  |  |       |
| 1 Certificate for a certain area: | [ ]  | Area(s): |       |
|  |  |  |       |
| Several Certificates for different legal entities: | [ ]  | How many: |       |
|  |  | What for: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you already have a valid Certificate? | Yes | [ ]  | No | [ ]  |
| For what standard(s)? |       |
| From what Certification Body? |       |

## Desired date and further procedure

|  |  |
| --- | --- |
| Do you have a desired date for the audit? |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you wish a short audit? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Were/Are you supported/advised by a consultant when establishing your management system? | Yes | [ ]  | No | [ ]  |
| Name of the consulting company: |       |
| Name of the consultant: |       |

### How or through whom have you taken notice of Quality Austria?

|  |
| --- |
|       |

### Other remarks:

|  |
| --- |
|       |

Do you have a favourite auditor/attendant at Quality Austria (if applicable):

We ask you for an offer for certification according to the above mentioned standards or regulations.

For the correctness of information provided:

|  |  |  |
| --- | --- | --- |
|       ,       |  |       |
| Place, Date |  | Due signature |

## Feasibility clarification (filled in by Quality Austria)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **quality**austria certification/assessment for       feasible? | [ ] [ ]  | Yes | [ ] [ ]  | No |
| Alternative feasible? | [ ] [ ]  | Yes | [ ] [ ]  | No |
| If so, which:  |       |