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](mailto: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: |  | | | | |