



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.

1. Address/Interlocutor

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

2. Data about the organization

Legal form:	
Main business purpose:	Trade <input type="checkbox"/> Service prov. <input type="checkbox"/> Production <input type="checkbox"/>
Scope acc. to EAC and NACE (if known)	EAC: NACE:
Size of the organization: *)	Small organization <input type="checkbox"/> Medium-sized/large org. <input type="checkbox"/>
Affiliation to a company group:	
Sector:	
Product design relevant:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 1,5 million
2. Euro 10 million sales revenues in the last twelve months before the fixed date for closing;
3. 50 employees on an annual average.



3. Information on the structure

	Location	Number of salaried employees	Number of wage-earners	Number of employees in the area to be certified
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.

4. 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	<input type="checkbox"/>	IATF 16949***)	<input type="checkbox"/>	BRC**)	<input type="checkbox"/>	ISO 13485	<input type="checkbox"/>
ISO 14001 (environment) *)	<input type="checkbox"/>	VDA 6.1***)	<input type="checkbox"/>	ALINORM/HACCP**)	<input type="checkbox"/>	TL 9000	<input type="checkbox"/>
EMAS regulation *)	<input type="checkbox"/>	VDA 6.2***)	<input type="checkbox"/>	BRC/IoP**)	<input type="checkbox"/>	ECM	<input type="checkbox"/>
OHSAS 18001*)	<input type="checkbox"/>	VDA 6.4***)	<input type="checkbox"/>	GMP	<input type="checkbox"/>	ISO TS 22163	<input type="checkbox"/>
ISO 45001*)	<input type="checkbox"/>	EN 9100	<input type="checkbox"/>	RT 05	<input type="checkbox"/>	ISO 3834	<input type="checkbox"/>
SCC	<input type="checkbox"/>	ISO 22000 and FSSC 22000	<input type="checkbox"/>	EN 1090	<input type="checkbox"/>	ISO 29990, ISO 21001, ISO 29993	<input type="checkbox"/>
SCP	<input type="checkbox"/>	IFS**)	<input type="checkbox"/>	GLP	<input type="checkbox"/>	SES CR (air navigation service regulation)	<input type="checkbox"/>
SQAS	<input type="checkbox"/>	IFS Logistic**)	<input type="checkbox"/>	PEFC CoC and FSC Coc	<input type="checkbox"/>	<input type="checkbox"/>

*) For the certification, a separate form (feasibility environment or occupational health and safety) will have to be filled in. Please request it with qualityaustria Customer Service Center if it is not available.

***) For an offer for food safety standards we need your information via the form FO_27_01_006e company data for an offer relating to food safety standards.

****) For an offer in the automotive sector we need additional information on the form FO_25_03_14e_information_offer_making_Automotive.



5. Other data about the system

Degree of system implementation

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? _____

6. Desired date and further procedure

Current Services of QACA used by you

Inspection & Testing, In-house training, Certification

Do you have a desired date for the audit?

Do you wish a short audit? Yes No



Have you been (or are you still) supported / advised by an external consultant in establishing and implementing your management system?

Yes

No

Have you been (or are you still) supported by an external consultant in conducting internal (company-specific) trainings (e.g. site-specific auditor training, core tools, six sigma, lean manufacturing)?

Yes

No

Have you been (or are you still) supported by an external consultant in conducting internal audits?

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

7. Feasibility clarification (filled in by Quality Austria)

qualityaustria certification/assessment for feasible?

Yes No

Alternative feasible?

Yes No

If so, which:
