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| **By fax to: insert regional Number, or by E-Mail to: insert regional Email for Sales** |
| **TÜV Rheinland XX, insert regional Address** |

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| **Registered office (head office)** | |
| **Company name** |  |
| **Address** |  |
| **Postal code, city** |  |
| **Managing director**  Last name, first name |  |

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| **Type of Company** (please send the respective proof) | |
|  | **Sole Proprietorship** |
|  | **Limited liability company** |
|  | **Partnership** |
|  | **Other (please specify)** |

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| **Primary contact** | | | |
| **Last name, first name** |  | | |
| **Position** |  | **Phone** |  |
| **E-mail** |  | **Fax** |  |
| **Web Page** |  | | |

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| **Please mark required standards** (please add standard if not listed) | | | | | | | |
|  | **ISO 9001** |  | **SCC\*/SCC\*\*/p** |  | **EN 9100** |  | **GRA** |
|  | **ISO 14001** |  | **SCP** |  | **ISO 28000** |  | **ISO 55001** |
|  | **ISO 50001** |  | **ISO/IEC 27001** |  | **ISO 19443** |  |  |
|  | **ISO 45001** |  | **ISO/IEC 20000** |  | **AZAV** |  |  |

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| **Questions for combined audits only** (e.g., ISO 9001 + ISO 14001) |
| Combined audits may only be carried out simultaneously if the following aspects of the combined standards (e.g., ISO 9001 + ISO 14001) are integrated and/or their implementation is combined:  System documentation/planning, corporate policy, objectives and programmes, internal audits, measures for improvement, management review. The authorized representative (responsible for the system) must also be the same for all standards.  If any of these criteria are **not** fulfilled, please provide details below: |
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| **What is the required scope (wording) of the certificate?**  Please provide a brief description of the company's purpose and primary fields of activity (products and services) |
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| (E.g., manufacture and sale of XXX products, as well as assembly and consultancy services in the field of YYY) |

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| **Responsibility for development/design** | | |
| 1. **Is your company responsible for the development of the products/services?** | yes | no |

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| 1. **Who determines requirements regarding products/services to ensure that they are suitable for the subsequent production process/provision of services?**   **The company**  **The customer/other stakeholders**  **The customer and the company** |

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| **Outsourced processes** | | | |
| 1. **Are any processes outsourced (e.g., procurement, sales, manufacturing processes)?** | | yes | no |
| **If yes, which?** |  | | |
| 1. **Do the outsourced processes have a direct effect on the provision of products/services?** | | yes | no |

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| 1. **How/where, is the execution of outsourced processes monitored?**   **At the supplier**  **At our company**  **Both** |

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| **Transfer of certificates** (only relevant if you already have an existing and valid certificate) | | |
| **Advanced level of the management system**  (The last 3 audits were without deviations)  Please send us the respective audit reports | yes | no |

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| **Shift work** | | |
| **Does the company use shifts?** | yes | no |
| **Type of shift**  early shift  late shift  night shift weekend | | |
| **If yes, please indicate the number of shifts** | \_\_\_\_\_\_\_\_ number | |
| **If yes, please indicate the number shift workers:** | \_\_\_\_\_\_\_\_ number | |
| **Are they rolling shifts?** | yes | no |
| **Are the same activities carried out by all shifts?** | yes | no |

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| **Which legal requirements apply?**  Where appropriate, please list any legal requirements that apply to the products and/or contracts with your customers. |
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| **Is a security clearance required to view documents?**  If applicable, please state legal obligations regarding the classification of their documents. |
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| **Did your company receive consultancy (or in-house training) to provide support for the development or implementation of the management system?**  If yes, please name the consultant/consultancy/Company that has provided the in-house training. |
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| **Existing system certifications at the location** | **Certification body** | **Valid until** |
| **ISO 9001** |  |  |
| **ISO 14001** |  |  |
| **IATF 16949** |  |  |
| **ISO/IEC 27001** |  |  |
| **ISO/IEC 20000** |  |  |
| **ISO 50001** |  |  |
| **ISO 45001** |  |  |
| **Others (please specify)** |  |  |
| Please attach copies of current certificates. | | |

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| **Total number of employees at the location** | |  | |
| **of which:** | | | |
| **Marginally employed staff** (e.g., max. 15 hours) or auxiliary staff (simple tasks, e.g., seasonal workers for harvests) |  | **Other part-time staff** (max. half day) |  |
| **Trainees** |  | **Disabled staff** (if sheltered workshop) |  |
| **Drivers** |  | **Field staff** (messengers, salespeople etc.) |  |

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| **Desired audit date (CW)** |  |
| **Date and signature confirming the accuracy of the information provided** |  |
| **Recorded by TÜV Rheinland employee** |  |
| **Discussed with** (name of customer) |  |
| **How did you hear about TÜV Rheinland?** |  |