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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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| **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** |  |  |
|  | **ISO 14001** |  | **SCP** |  | **ISO 28000** |  |  |
|  | **ISO 50001** |  | **ISO/IEC 27001** |  | **ISO 19443** |  |  |
|  | **ISO 45001** |  | **ISO/IEC 20000** |  | **ISO 55001** |  |  |

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| **Multi-site certification within the group with legally independent companies** |
| Certification requirements for multi-site procedures are specified in ISO 17021, IAF MD 1 and in the OFFICIAL NOTICE on the inadmissibility of "matrix certifications" of the Deutsche Akkreditie-rungsstelle GmbH (DAkkS).  According to the information in the official notification of the DAkkS, an organization with several legal entities has to prove the eligibility for a multi-site certification by proving the access rights of the contracting party (certificate holder) to one of the possibilities mentioned in the following table. Please enter the name(s) of the legal entity(ies) in the table on the following page and tick the respective applicable characteristic.  Please send the relevant evidence (official certificates, documents, certified by a notary public, if necessary, signed by the company management in the case of internal documents) together with this questionnaire.  **Only if one of these characteristics is fulfilled, the suitability for a multi-site certification is given.**  **Please contact us if you have any questions. Thank you** |

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|  | **Multi-site certification within the group**  **with legally independent companies** | | |
|  |  | **or** | **or** |
|  | **Has an interest equal to the majority of the voting rights** | **is a shareholder with an arbitrary share and has the right to appoint or dismiss the executive bodies of the company** | **due to a concluded control agreement, profit transfer agreement** |
|  | The status of 'sister company' within the same group does not in itself meet any of the above conditions with respect to other affiliates | | |
| **Location Name and address** |  | | |
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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 programs, 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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| **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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| **Locations** | |
| **Total number of locations to be certified  (please complete pages four and five separately for each location)** |  |
| **Of which, number of production locations or locations from which services are provided:** |  |

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| **A multi-site certification is only possible if the following are in place:** (Please click to confirm) | | | |
|  | A uniform management system |  | Central (legal and contractual) authority for all locations |
|  | Central management representatives |  | Only for AZAV: dependent locations only |
|  | Central evaluation of all internal audits |  | Only for ISO 45001: same risk classes (to be filled in by TÜV Rheinland) |
|  | Similar products/services/processes at all locations (multi-site certification) or downstream products/services/processes at all locations (corporate scheme/matrix certification) | | |

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| **Which type of multi-site certification is required?** | |
| **Sampling procedure** (sites with the same processes and products are audited according to the sampling procedure - not possible with IRIS!) |  |
| **Closely associated sites** (sites are managed "as one site"; all sites are audited; only possible if processes at the different sites build on each other - e.g. production of pigments at site 1, production of paints at site 2, administrative activities at site 3 = headquarters) |  |

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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?** |  |

**Please complete the following pages separately for each location.**

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| **Registered office** (head office, location 1 etc.) | |
| **Company name** |  |
| **Address** |  |
| **Postal code, city** |  |

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| **Type of location** | | | |
| **Head office** (executive management/board, HR, administration etc.) | | |  |
| **Supporting location** (administration, R&D, logistics, procurement, sales etc.) | | |  |
| **Location involved in production/provision of services** | | |  |
| **Main activities at location** (please provide a short description) |  | | |
| **Are the following services carried out at the location?** (Please tick as appropriate) | | | |
| (This information is required for group price reductions) | Yes, also applies to other locations | Yes, at this location only | no |
| Design and development activities |  |  |  |
| Procurement |  |  |  |
| HR management |  |  |  |
| Document management |  |  |  |
| Evaluation of compliance with legal requirements |  |  |  |
| Policy, objectives, management reviews |  |  |  |
| Planning and assessment of internal audits |  |  |  |

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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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| **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 |