

**QUESTIONNAIRE OF IDENTIFICATION AND PRELIMINARY ASSESSMENT OF MANAGEMENT
SYSTEM CERTIFICATION**

- ◆ The questionnaire is intended to provide the identification data of the applicant and of the concerned system, to establish the number of audit days required, to calculate the cost of certification.
- ◆ The correct and accurate filling in of the questionnaire prevents the need of a pre-assessment visit for data collection.
- ◆ The information contained in this questionnaire shall be considered confidential and shall not be disclosed to any third party without the applicant's consent.
- ◆ The questionnaire shall be filled in by competent persons, delegated by the management of the applicant organization.
- ◆ If the certification questionnaire concerns several activities of manufacturing sites, a form shall be filled in for every one of them.
- ◆ Please answer every question. Most of the questions require a "YES" or "NO" answer. Where the question refers to an inapplicable requirement, please write "NA".
- ◆ In case the space available is insufficient additional paper may be used. These shall be numbered in the right order as appendices and this shall be indicated in the table.
- ◆ The filled in questionnaire together with its annexes shall be returned to SYSTEMA.

I. GENERAL INFORMATION ON THE APPLICANT

Company name: (including legal status)			
Address (head office): (complete, including postal code)			
Details regarding the organization	VAT Number:		Trade Registry No. (J):
	Bank:		Account:
Number of branch offices/sites:		Indicate the number of branch offices/sites (apart from the headquarters) to be included in the certification process, and then such questionnaire shall be filled in for each of them	
Phone/FAX:			
e-mail			
General Manager (Manager)	Name:		Phone:
			E-mail:
Contact person:	Name:		Phone:
	Position:		E-mail:

II. INFORMATION ABOUT PRODUCTION/SERVICES		
Scope of certification		
Main NACE Code/ IAF		
III. INFORMATION ABOUT ORGANIZATIONAL STRUCTURE		
NO. EMPLOYEES		← Total number
- employees on-site		← - persons who are permanently on-site
- employees off-site		← persons working "off-site", e.g. sales agents, drivers, troubleshooting operators, etc.
- management personnel		← management/administrative personnel
- in development/design		← personnel in design/research/development
- production managers		
- subcontractors?		
- work in shifts?	<input type="checkbox"/> NO <input type="checkbox"/> YES	How may shifts?:
- service / after-sale support		
- repetitive tasks		← a significant part of the personnel performs similar simple functions
IV. MANAGEMENT SYSTEM STRUCTURE		
Applicable standard?	<input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> ISO 45001:2018 <input type="checkbox"/> ISO 22000:2018 <input type="checkbox"/> ISO/IEC 27001:2022 <input type="checkbox"/> ISO 13485:2016	
Exclusions?		
Outsourced processes?		
Integrated system?	<input type="checkbox"/> NO <input type="checkbox"/> YES – for the integrated system, please answer the following questions	
• Is the documentation integrated?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• 9.3 has the conducted management review considered the overall business strategy?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Integrated approach of internal audits?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Integrated approach of policies and objectives?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Integrated approach of system processes?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Integrated approach of improvement mechanisms (corrective actions; ongoing measurement and improvement)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
• Responsibilities and support of integrated management.		<input type="checkbox"/> YES <input type="checkbox"/> NO

V. INFORMATION ABOUT EXISTING CERTIFICATIONS	
Has the MS been subject to other total or partial assessments? When? _____	
By whom and in what capacity? _____	
Have you received consultancy? <input type="checkbox"/> YES <input type="checkbox"/> NO From whom? _____	
Do you have other certifications?	<input type="checkbox"/> YES <input type="checkbox"/> NO
For management system	_____
For products/services	_____
Is it a transfer from another Certification Body?	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please send us a copy of the latest audit report and current certificate in force
Reason for transfer:	_____
VI. REASONS WHY YOU APPLY FOR CERTIFICATION	
Upon beneficiaries/tenders' request	<input type="checkbox"/>
To improve your position for export	<input type="checkbox"/>
To increase confidence in your activity	<input type="checkbox"/>
Is there a policy of your association in this respect?	<input type="checkbox"/>
To meet the requirements of the regulations in force	<input type="checkbox"/>
To increase efficiency of the company's activity	<input type="checkbox"/>
For product improvement	<input type="checkbox"/>
Others	<input type="checkbox"/>
VII. OTHER INFORMATION DEEMED RELEVANT BY THE APPLICANT	
Please enclose a presentation material, brochure, if any.	
Person responsible for filling in this questionnaire:	
Name:	_____
Position:	_____
Date:	Signature

For the appropriate understanding of your requests, for the communication of news related hereto as well as for the continuous notification with regard to other products in our portfolio or marketing campaigns, by the signature of the present document, you agree to our use of personal data related to the employees of your company who come in contact with us, completely in agreement with Regulation (EU) 2016/679. The use of such data may also continue if there is no service agreement signed between the parties, unless you specify your express desire that such data are deleted from our database. For more details on the Personal Data Processing Policy, please visit our website <http://systemaglobal.ro/politica-de-prelucrare-a-datelor-cu-caracter-personal/>.

ANNEXES

No.	Area
<input type="checkbox"/> 1.	
<input type="checkbox"/> 2.	
<input type="checkbox"/> 3.	
<input type="checkbox"/> 4.	
<input type="checkbox"/> 5.	