# 1. Contact information:

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| --- | --- |
| 1.1 | Company name: |
| 1.2 | Facility address (please do not include P.O. boxes): |
| 1.3 | Name of Organization Representative: |
| 1.4 | Representative Title: |
| 1.5 | Main contact phone number: |
| 1.6 | Email address: |
| 1.7 | Does your company do business under any other name? Yes  No  If yes, please list the alternative name. |
| 1.8 | Is your company part of a larger organization?  Yes  No |
| 1.8a | If yes, please give name of holding company. |

# 2. Services

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| 2.1 | Do you currently have registrations to any other standard?  Yes  No |
| 2.1a | If yes, please identify the standard: |
| 2.2 | To which standards/specification are you seeking registration? Please select all that apply  ISO 9001  IATF 16949  ISO 14001  TL 9000  eSCM  ESD S20.20  EFfCI GMP:2017 Other |

# 3. Locations, Shifts, and Employee Counts

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| 3.1 | Total number of employees at this facility (including temporary employees): |
| 3.2 | How many work shifts do you have? |
| 3.3 | How many of the total employees work in operations that are performed on multiple shifts? |
| 3.4 | How many of the total employees work part time? What are the total hours per work week on average of these part time employees? Please answer N/A if you do not want this consideration |
| 3.5 | For ISO 9001, ISO 14001, or TL 9000, how many of the total employees perform duties that are only partially within the scope of operation? What are the total hours per work week on average that is within the scope of certification for these employees? Please answer N/A if you do not want this consideration |
| 3.6 | For ISO 9001, ISO 14001, or TL, 9000 the accreditation rules also allow consideration of a high number of employees performing simple repetitive operations or temporary unskilled labor adjustment. If you believe this may be a consideration for your organization, please provide relevant details, include the nature of work under this classification and the number of employees involved in this type of work: Please answer N/A if you do not want this consideration |
| 3.7 | For IATF 16949, does the site have a dedicated non-rotating weekend shift? |
| **4. Scope and Activities** | |
| 4.1 | How many locations will be involved?  If you are requesting a quote for more than one location, please complete the remaining questions for the main site and use the template at the end of this form to include information for additional locations. |
| 4.2 | Is your company responsible for product design including subcontracted design?  Yes  No  If yes, provide the total number of employees in design roles: |
| 4.3 | Please check which of the following are the primary activities of the site (check all that apply but limit to the major functions of the site):  Manufacturing  Administrative Headquarters  Distribution Center  Energy Distribution  Energy Generation  Assembly  Sterilization  Corporate Headquarters  Service  Repair  Kitting and Packaging  Transportation  Warehousing  Other Please specify |
| 4.4 | What are the key production and/or service processes that apply to the manufacturing, service, design, or design technology processes? (Examples include: molding, welding, and/or forming) |
| 4.5 | What is the scope you are proposing for your management system? |
| 4.6 | List any processes/activities/ products/services to be included in the scope of registration that are outsourced or write n/a. |
| 4.7 | Does any work take place on customer premises for which your organization is responsible?  Yes  No  If yes, please list. |
| **5. Translator and Use of Consulting Services** | |
| 5.1 | Are you using a consultant?  Yes  No  If yes, please list. |
| 5.2 | Is there anyone in the organization that cannot communicate verbally in English?  Yes  No  If yes, please specify:  Language(s):      Number of Employees:       Process(es) where they work: |
| 5.3 | Is there a need for written language skills other than English?  Yes  No  If yes, please specify language(s): |
| **6. Core Services** | |
| 6.1 | Are you currently certified with DQS? |
| 6.2 | If you are not design responsible, please identify which of your customers are design responsible (type n/a if not applicable): |
| 6.3 | Please list any regulatory requirements applicable to the products/services included in the scope of registration (type n/a if not applicable): |
| 6.4 | Please list any processes/products that cannot be assessed because they are classified: |
| 6.5 | Are you interested in integrated audits of the management system?  Yes  No |
| 6.6 | Does your organization fall under export control requirements which require the auditor to have a specific citizenship? Yes  No  If yes, please list the requirements |
| **If you answered No to question 6.5, please skip questions 6.7-6.15** | |
| 6.7 | Please list the standards which are integrated. |
| 6.8 | Do you have integrated documentation including work instructions to a good extent?  Yes  No |
| 6.9 | Do you have an integrated management review that considers the overall business strategy and plan?  Yes  No |
| 6.10 | Do you have an integrated approach to internal audits?  Yes  No |
| 6.11 | Do you have an integrated approach to policy and objectives?  Yes  No |
| 6.12 | Do you have an integrated approach to processes?  Yes  No |
| 6.13 | Do you have an integrated approach to improvement mechanisms like corrective action, risk-based approach, measurement, and continual improvement?  Yes  No |
| 6.14 | Do you have an integrated management with responsibility and authority for conformance of all management systems?  Yes  No |
| 6.15 | Please add any comments in regard to the integration questions if explanations are needed. |
| **Please fill out the following if you are seeking TL9000 registration only** | |
| 6.16 | Please list any exclusions you have: |
| 6.17 | Please list your category: |
| **Please fill out the following if you are seeking IATF 16949 registration only** | |
| 6.18 | If not currently certified to IATF 16949, has your organization been previously certified to IATF 16949 or TS 16949 and the certification was withdrawn due to open nonconformities?  Yes  No  N/A |
| 6.19 | Name of prior certification body (if applicable): |
| 6.20 | Date certificate was withdrawn (if applicable): |
| 6.21 | If applicable, number of open nonconformities from last audit: |
| 6.22 | If applicable, number of closed nonconformities from last audit: |
| 6.23 | How many sites do you support with remote support functions? |
| 6.24 | How many automotive customers do you have? |
| 6.25 | Are you currently producing parts for the automotive supply chain?  Yes  No  If yes, please list your primary automotive customers and their corresponding supplier codes if applicable: |
| 6.26 | Are your automotive and non-automotive processes the same?  Yes  No  If no, what percentage of your business is automotive? |
| 6.27 | Will you have 12 months of internal audits and performance data related to your production of automotive product(s), prior to the registration?  Yes  No |
| 6.28 | Are you requesting a corporate registration?  Yes  No |
| 6.29 | Do you have a centrally structured and managed Quality Management System?  Yes  No |
| **7. Service Delivery Timeframe** | |
| 7.1a | If you would like an optional gap assessment, what is your preferred month you’d like to have it? |
| 7.2a | What is your preferred month for your certification assessment? |

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# 8. Additional Information

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| 8.1 | Please provide any additional information that you feel may be helpful as we prepare and conduct the auditing activities you have requested. |

Date:

Name:

Position:

DQS Inc. Multiple location identification Sheet

You can utilize this sheet to identify the locations of your organization that will be included in the proposed scope of operations. Use multiple sheets if needed.

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| Facility Address  (include zip code and country) | Main functions  (i.e. manufacturing, warehouse, sales, etc) | If requesting quote for Multiple standards, please indicate to which standards this location will be applicable to: | Site Scope | Head-count | No. of shifts | Comments |
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