Questionnaire for issuing offer

1. COMPANY DATA

COMPANY NAME			
TAX NR.		UNIQUE CODE	
LEGAL OFFICE ADDRESS			
OPERATIONAL SITE ADDRESS			
LINKED COMPANIES (IF APPLICABLE)			
CORPORATE GOVERNANCE			
PHONE			
FAX			
E-MAIL			
MANAGEMENT SYSTEM RAPRESENTATIVE / PRODUCT RESPONSIBLE			
PHONE / MOBILE			
FAX			
E-MAIL			

2. TYPE OF AUDIT

☐ NEW CERTIFICATION ☐ TRANSFER AUDIT

3. SCHEME OF CERTIFICATION / ATTESTATION

☐ ISO 9001:2015	☐ ISO 14001:2015	☐ ISO/IEC 27001:2013	☐ ISO 21001:2018
☐ ISO 45001	☐ ISO 22000:2018	☐ ISO 50001:2018	☐ MTIC 56002:2019 (ISO 56002)
☐ HACCP	☐ Reg. 333/2011	☐ Reg. 715/2013	☐ ISO 39001:2012

☐ OTHER

List of accredited management systems including scope, see website www.mtic-group.org

4. INTEGRATED AUDIT (In case of more management system schemes, please cross which documentation is integrated)

☐ Management Reviews that consider the overall business strategy and plan

☐ An integrated approach to internal audits.

☐ An integrated approach to policy and objectives.

☐ An integrated approach to systems processes.

☐ An integrated documentation set including work instructions, to a good level of development as appropriate.

☐ An integrated approach to improvement mechanisms, (Corrective and Preventive Action; measurements and Continual Improvement).

☐ An integrated approach to planning, with good use of business wide risk management approaches.

☐ Unified management support and responsibilities.

5. PERSONNEL OF COMPANY INVOLVED IN MANAGEMENT SYSTEM

No. employees full-time		No. part-time employees		Notes:

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No. employees per shift / No. Shifts		No. seasonal employees		
Other sources (freelances, subcontractor , etc.) involved in the processes to certify.				

ADDRESS OF OPERATIVE SITES / BRANCH OFFICE (TO VERIFY)	NO. EMPLOYEES / SHIFT		NOTES

6. FIELD OF ACTIVITY (Proposal for scope of certificate) (please attached a copy of your Chamber of Commerce registration)

6.1. Exclusions of applicability for realization of product and justification [1]

6.2. Outsourcing activities

6.3. Further information

Company has been already certified by another certification Body? If yes, which one?		
Expiring date of certificate:		
Did the Company receive a outsourcing training or consulting service for implementing or maintaining your MS? If yes, Please fill following fields:		
Period:	Type:	Consultant:

NOTE: The Certification Office reserves the right to request, if necessary for the purpose of formulating the offer, additional documents.

7. TRANSFER CERTIFICATION AUDIT (please fill in SPS-F-MS-03_07 form)

8. SPECIFIC REQUESTS ABOUT SERVICE

Company wishes receiving a Pre-audit?	☐ **YES** ☐ NO
Potential deadline for achievement of the certificate:	

9. SPECIFIC CERTIFICATION REQUIREMENTS

Depending on the certification required, please complete the form:

- SPS-F-MS-03_04 Specific information for ISO/IEC 27001 requirements;
- SPS-F-MS-03_06 Specific information for ISO 50001 requirements;
- SPS-F-MS-03_10 Specific information for ISO 22000 requirements;
- SPS-F-MS-03_11 Specific information for ISO 45001 requirements;
- SPS-F-MS-03_12 Specific information for MTIC 56002.

10. HOW DID YOU KNOW ABOUT SPS INTERCERT?

☐ Advertisement	☐ Recommendation of Companies certified by SPS INTERCERT
☐ Internet	☐ Direct contact with SPS INTERCERT
☐ Seminars	☐ Other:

Your personal data will be managed by SPS INTERCERT in compliance with national legislation in privacy matter.

Place, date

Stamp, Signature of Company Legal Representative

[1] Only for Quality Management System