Dear Customer,

as a certification body for the certification of management systems we require some information about your company to provide you with an offer and to plan and prepare the certification and/or monitoring audits.

Your support in ensuring a seamless certification procedure is highly appreciated.

Please be kind to complete the questionnaire and include the required information / documents in the attachment.

1. **General information** *(registered office etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of site:** |  | | |
| **Address:** |  | | |
| **Postcode, town:** |  | | |
| **Country:** |  | | |
| **Contact person:** |  | **Function:** |  |
| **Telephone:** |  | **Mobile:** |  |
| **Fax:** |  | **E-mail:** |  |
| **VAT number:** |  | **Website:** |  |

1. **Intended certification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | IRIS, Rev. 4 |  |  | ISO 9001 |

1. **Business Category**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Rolling stock |  |  | Signalling |  |  | Infrastructure |
|  |  |  |  |  |  |  |  |
|  | Maintenance |  |  | Distributors |  |  | Turnkey |
|  |  |  |
|  | Testing and tools |

1. **Certification activity**

|  |  |
| --- | --- |
|  | Control of externally provided processes, products, and services Project management |
|  |  |
|  | Design and development for products and services |
|  |  |
|  | Requirements for products and services |
|  |  |
|  | Production and service Provision |
|  |  |
|  | Project management |

1. **Product scope**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Integration |  |  | Railway vehicles |  |  | Railway network |
|  |  |  |  |  |  |  |  |
|  | Electronical |  |  | Systems |  |  | Electrical |
|  |  |  |
|  | Mechanical |  |  | Guidance |  |  | Components |

A detailed table with the IRIS Certification product scopes for rail applications including examples is available in the IRIS portal for download

1. **Do you have any remote support locations (Example: distribution and development offices, external shipping warehouses etc.)?**

Please enter all support areas at remote locations (incl. headcount and/or percentage allocation to the sites).

|  |  |  |  |
| --- | --- | --- | --- |
| Ident-Number of Remote location | **Company / Location name and address** | **No. of**  **relevant employees** | **Function** (e.g. customer support, calibration, laboratory, contract review, development) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

1. **Do you have any site extension (Only manufacturing and maintenance activities)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Ident-Number of Site extension | **Address** | **No. of**  **relevant employees** | **Function** (manufacturing process and/or maintenance) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

1. **Site headcount information** *(the total headcount including remote location and site extension):*

|  |  |
| --- | --- |
| Number of total employees (incl. temporary workers) |  |
| Number of employees in the rail vehicle area (incl. temporary workers): |  |

1. **Intended certification type.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full certification |  |  | Simplified \*) |

\*) Simplified certification is possible for small organization meeting below conditions

1. **Total turnover of latest completed year (Euro):**

|  |  |  |
| --- | --- | --- |
| **Company** | **Total Headcount** | **Total Turnover** |
| Medium | ≤ 85 | ≤ 25 million Euros |
| Small | ≤ 45 | ≤ 10 million Euros |
| Micro | ≤ 10 | ≤ 2 million Euros |

1. **Shift information**

Production / manufacturing is done acc. to the following shift pattern and times

| **Shift** | **Shift times** (from – to) |
| --- | --- |
| 1st shift |  |
| 2nd shift |  |
| 3rd shift |  |

1. **Management system certifications already received:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate No.** | **Standard / regulation** | **Certifying body** | **Date of certification audit or last recertification audit**  **(dd.mm.yyyy)** | **Valid until**  **(dd.mm.yyyy)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Requested information / documents :**

Certification audits: Register to IRIS portal and enter requested information.

Surveillance/Recertification audits:

* Company information shall be validated in the IRIS portal latest **ninety (90)** days in advance of the audit
* Requested documents shall be uploaded to IRIS portal latest **sixty (60)** days in advance of the audit

**Important:** In the case the organization does not upload the required documentation sixty (60) days in advance to the audit, 0,5 audit days shall be used for the data review on-site

1. **Changes impacting the management system (scope, location, ownership):**

In case of changes since the last audit the form “Appendix 09 …….xlsx” shall be filled and sent to the lead auditor sixty (60) days in advance to the audit. Please contact with lead auditor for the valid form.

We hereby confirm the completeness and correctness of the information provided above and in any attachments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Place/date |  | Name, function |  | Signature\*) |

\*) In case of a submission via email, the sender address is equally acceptable.

**Important note:** The IRIS Certification® process based on a single-site certification approach, a multi-site certification approach does not apply, as referred by other certification processes e.g., ISO 9001.

If there are more than one site to be certified in your organization, please fill, and submit this form for each site.