



## QUESTIONNAIRE FOR THE PREPARATION OF THE UNI EN ISO 9001 CERTIFICATION OFFER

\* This form must be completed in all its fields and signed and must be sent by email to [giada.mora@quinel.com.mt](mailto:giada.mora@quinel.com.mt)

### COMPANY DETAILS

Company Name			
Registered Office address			
Audit site same as Registered Office	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
Operational Headquarters address (if different from the Registered Office)			
Audit site same as Operational Headquarters	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
VAT number			
Phone number		Fax	
E-Mail Address			
Certified Mail			
Website			
Company contact person			
Role			
Phone number		Fax	
E-Mail Address			
Number of Employees			
Does the Company hold any certification?	<input type="checkbox"/> SI	<input type="checkbox"/> NO	
If yes, according to what standards	<input type="checkbox"/> Iso 9001	Entity:	
	<input type="checkbox"/> Iso 15189	Entity:	
	<input type="checkbox"/> Iso 14001	Entity:	
	<input type="checkbox"/> Iso 31000	Entity:	
	<input type="checkbox"/> Iso 27001	Entity:	
	<input type="checkbox"/> Other (please specify)	Entity:	

No. of employees		No. of seasonal employees		No. part-time employees	
No. work-shifts		No. employees per work-shift		No. employees in outsourcing	

Field of application of the Quality Management System (subject of certification)			
Address of operational headquarters subject to verification	Conducted processes	No. of employees	Notes

\* Note: if the processes of the Quality Management System are also carried out in other operating offices, please report them.

Any processes of the Quality Management System outsourced:
Products, categories of products/services:
Mandatory standards and regulations referred to products/services:
Exclusion of applicability requirements chap. 7 ISO 9001
Required authorizations to operate:

Does the organization perform activities of design and/or development of the product?	YES	NO
Are the organization and/or the product already certified by another certification body?	YES	NO
If so, according to what scheme/standard? ISO 9001: 2015 / ISO 27001: 2017		
If so, from which organization?	Certificate expiration date	
Is the product manufactured subject to CE marking?	YES	NO
Did the organization make use of outsourced consulting or training services for the implementation or maintenance of the management system?	YES	NO
If so, please specify as follows:		
Training/consultancy period	Training/consultancy type	Consultant

Report any safety rules/prescriptions applicable to the Audit team (possibly attach a document containing these rules):

Does your Quality Management System include documentation (e.g. procedures, records) to be classified as "CONFIDENTIAL" documentation and not available for verification?  YES  NO

Personal data will be processed following the provisions of Legislative Decree 196/2003 (Privacy Policy and subsequent ones).

DATE,

STAMP AND SIGNATURE OF THE ORGANIZATION

AREA RESERVED TO THE QUINEL TECHNICAL MANAGEMENT

Questionnaire to be completed in the points:

Conformity of questionnaire: Yes No

DATE, \_\_/\_\_/\_\_

STAMP AND SIGNATURE OF THE ORGANIZATION