

QUESTIONARY OF DELIVERY CERTIFICATE – PRODUCER

product (s):
(fill according to application to certification)

1.Name and address of producer:

2.Person representing producer in case of product certification (name , surname, telephone, fax):

3.Representing person assistant (name, surname, telephone, fax):

4.Produced assortment (other than applied to certification):

5.Owned certificates for:

a)applied product

b)other product

c)quality system

6.Product applied to certification is produced for*): a)for request b)to magazine

7.Please state normative documents showing requirements (constructional, for use purpose and quality) of product:

8.Please mention owned constructional and technological documentation of product (if it is other than mentioned in apply):

9.Please show system of inputting changes to that documentary (*short description or attachment of a document describing system*):

10. Are documents issued production (yes or no):

11. If so, if they identificate* a) oder b) series of product c) product

12. If in technological process control of research appears (tests) including final control (yes no) ?

13.If so, who performs that operation (*describe operational group or employee position*):

14.Please describe procedure with false product:

15.If in organization structure are units (groups)*):

a) maintaining quality b) quality control c) research laboratories

16. Please show its place in organization schema of company, and their structure, describe organization of work of those groups. *)

17.Please describe**): a) maintaining quality b) quality control c) product testing.

18. If mark of deliverer's is taken:

a)materials (parts, units) necessary for production:(yes – no)

b)subsidiary material :(yes – no)

c)production equipment: (yes – no)

d)equipment to test (yes – no):

19. Please show system test of basic material **)

20. Please show detail concerning product failure (%of lack in last half of a year):

21. If reasons of lack creations:(yes – no)

22.If so, please show appropriate details:

23.Please show details according reclamations to tests (% sell value):

24. If test of product were made: (yes – no)

25. If so, who made them. Please state report from research:

.....
city, date

.....
Name, position and signature

*) Underline appropriate

***) In a separate document attached to the questionnaire