

## SELF-ASSESSMENT QUESTIONNAIRE FOR THE PRODUCT CONFORMITY CERTIFICATION

(Annex to the official request for the product conformity certification)

### I. GENERAL INFORMATION ABOUT THE CUSTOMER

Customer name:

Headquarters/ working places adress:

Size of the producer – total number of the personnel:

General Manager

Name:

Contact Person

Name:

### ORGANIZARE

Working personnel

- Total Amount

Divide in:

Quality personnel, divided in:

- inter-stages quality control points personnel

- final-stages quality control points personnel

- lab personnel

Metrological personnel, divided in :

- working places - menders

- metrological points – adjustments

Is there any preoccupation for the quality of the personnel?

YES

NO

If YES

How ?

Has execution personnel been instructed about the quality problems?

YES

NO

Is the supplier:

- tested ?

YES

NO

- certified ?

YES

NO

- with the quality and the guarantee documents ?

YES

NO

- with contract which includes quality reception stipulations and quality warranties ?

YES

NO

Does the execution personnel know the Quality Manual/

Quality Plan ?

YES

NO

### GENERAL INFORMATION ABOUT THE PRODUCT

Description of the product:

Type/variants/dimensions:

CPSA Code:

Normative(s) reference (s) (code, edition/ revision no., date) :

Firm Standard/ Tehnical Reference/ National and International Standard:

Normative Requirements:

Is the product sujet of another certification request?

YES

NO

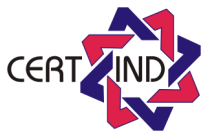
If YES:

Is the product certified by another certification body ?

YES

NO

If YES – Conformity certificate number/year ..... / ....., issued by .....



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<b>Has the product been subject of withdrawal/ suspension of the certification ?</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
If YES – which are the reasons:						
<b>Is there an established, documented, implemented and maintained quality management system within the company?</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
If YES:						
<b>The quality management system is certified?</b>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
If YES - Certificate number. .... / ....., issued by .....						
If NO – Please present the technical documentation of the product, the product Quality Plan in compliance with SR ISO 10005:1999.						
<b>DOCUMENTATION</b>						
<b>Is there any available and established documentation for the product to be certified?</b>						
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
<b>Production</b>						
<b>Is the quality system applied? YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>						
<b>Which are the working documents applied during the production process?</b>						
- execution project	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
- standard of the product	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
- others – please describe						
<b>Is there any production scheme?</b>						
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
<b>The production is organised:</b>						
- on production flow?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
- on production line?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
- on working places ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
- mixt ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
- other situations – please explain						
<b>The production processes are:</b>						
- Thermal deforming processes		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- Thermal treatment	DA	<input type="checkbox"/>	NU	<input type="checkbox"/>		
- Cold deforming processes		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- Composition establishing/ sorting/ dosing		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- Chemical treatment	DA	<input type="checkbox"/>	NU	<input type="checkbox"/>		
- Packing/ storing/transport/delivery	DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	-	
<b>Control/monitoring</b>						
- Assembling	DA	<input type="checkbox"/>	NU	<input type="checkbox"/>		
- Others (please define)	DA	<input type="checkbox"/>	NU	<input type="checkbox"/>		
<b>The production process is based on :</b>						
- simple technologies		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- detailed technologies		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- technological films		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- operation plan	DA	<input type="checkbox"/>	NU	<input type="checkbox"/>		
- flow chart		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- others (please describe)						
- Monitoring, measuring and control drivers				DA	<input type="checkbox"/>	
NU	<input type="checkbox"/>					
- are these drivers omologated?		DA	<input type="checkbox"/>	NU	<input type="checkbox"/>	
- are any available measuring and control devices?					DA	<input type="checkbox"/>
NU	<input type="checkbox"/>					



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<b>Total number of samples obtained from other sources/ total number of the product samples ?</b>			
<b>Does the Maintenance Department sistematically follow up the Technical Revision, the Current Repairs and the Capital Repairs ?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Are there any implemented procedures for the production equipment mentenance ?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Is there any investment/ renewal plan for the production equipment ?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Are there in place any rules for product manipulation ?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Are there in place any rules for product storage/ preservation?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Does the production ducumentation enssure the trasability of the production process?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>TECHNICAL CONTROL</b>			
<b>Does the Quality Control Department use control technologies ?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Are the measuring and control devices periodically verified ?</b>	NU	<input type="checkbox"/>	DA <input type="checkbox"/>
<b>Is there performed any form of inter-stage control ?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Does the Quality Control Department follow up the half-finished products circuit from one production line to another, throughout delivery notes?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Is there in place an organised Final Quality Control at the final point of the production line?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Is there in place a testing stand at the end point of the production process? Does the Quality Control Department fill the testing forms?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Is there in place any quality control ?</b>			
<b>Are the nonconforming products treated according to the specific procedure?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Which are the applied and established methods for identifying and keeping under control the nonconforming products?</b>			
<b>Are the products delivered with quality warranty documents and with clear prescriptions regarding the product appropriate usage?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Is there any product service ensured?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Is there in place the product quality reception for the supplied raw materials?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>COMPLAINTS ABOUT THE PRODUCT</b>			
<b>Is there in place an organized activity for registering and solving the quality complaints?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>
<b>Are the causes of quality complaints and their dynamic being analysed?</b>	DA	<input type="checkbox"/>	NU <input type="checkbox"/>



**Date:**

**APPROVED  
GENERAL MANAGER**

**FILLED BY**