

Questionnaire for certification of products and quality systems for medical devices



Appendix B Information about the company locations and branch offices

TÜV NORD CERT GmbH
Certification body for medical devices

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45141 Essen E-mail: medical@tuev-nord.de
Germany

Please complete the form and send it to medical@tuev-nord.de.

Applicant (precise legal form of company name)	
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<u>Please state the company locations and branch offices, which should be included in the certification</u>			
	Headquarter	1st. Branch office	2nd. Branch office
Address:			
City, State ZIP:			
Contact Person: <i>Given- and family name</i>			
Position:			
Phone/fax:			
E-mail:			
Number of Employees: <i>Calculated as fulltime employees</i>			
Number of shifts:			
employee number of each shift:			
Number of employees in:			
• Design			
• Material, Purchasing			
• Production			
• Sterilisation			
• Sale			
• Labelling and Packaging			
• Maintenance			
• Quality Assurance			
• Product premarket review			
• Administration			
• Miscellaneous			

Appendix B Information about the company locations and branch offices

Performed activities on each location			
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Please include the organizational chart and the current trade register excerpt

Do all locations operate under a common quality system? Yes: ☐ No: ☐

If no, further explanation please

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