



## Questionnaire EN ISO 13485 certification

As an accredited certification body for DIN EN ISO 13485, we require up-to-date information on your company for the preparation of quotations and for the planning and preparation of certification, extension and re-certification audits. This is required by the German Accreditation Body (DAkKS) at the beginning of each certification period and in case of significant changes in the scope of your certification. We kindly ask you to complete the questionnaire and to attach the required evidence.

1. General information			
Company with legal form			
Street			
City		Postal code	
Country			
Contact person (First- / Surname)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Diverse		
Function / Role		E-Mail	
Phone		Mobile	
Commercial register no.		Industry	
Tax no. non-EU countries		VAT ID	
Homepage			

2. Role(s) of the company (multiple answers possible)	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> System & Procedure Pack Producer
<input type="checkbox"/> Authorised representative	<input type="checkbox"/> Trader / Sales partner
<input type="checkbox"/> Importer	<input type="checkbox"/> Other (please describe):

3. Information on the number of employees at the main location / head office / parent company			
Number of employees at the main location in full-time equivalents (FTE):		Number of shifts:	
For multi-site procedures: Full-time equivalents (FTE) in the scope of certification across all sites:		Please provide further information on locations in Annex 1.	

What certifications are you aiming for?		
Activity	Standard / service	
<input type="checkbox"/> Initial certification	<input type="checkbox"/> DIN EN ISO 9001	<input type="checkbox"/> DIN EN ISO 13485
<input type="checkbox"/> Recertification	<input type="checkbox"/> MDSAP (über TUV USA)	<input type="checkbox"/> MDR (separate application)
<input type="checkbox"/> Transfer	<input type="checkbox"/> Ukraine registration	
<input type="checkbox"/> Extension	<input type="checkbox"/> DIN EN ISO 13485 / KRINKO (Germany only; please use P11F007)	
<input type="checkbox"/> Change (please use additional P11F002)	<input type="checkbox"/> Other:	

This document has been approved according to CERT-401-VA-007. Details are available from the QM-Department.

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5. Scope of certification	
e.g.: „Development, production and distribution of...“.	<b>Please provide further details on products, manufacturing technologies and services in Annex 2</b>
Desired scope DIN EN ISO 9001	Exclusions, sections not applicable
Desired scope DIN EN ISO 13485	Exclusions, sections not applicable

6. Factors that could have an influence on the audit effort (multiple selection possible)	
No Design / development	<input type="checkbox"/>
Products with low risk or low process risk (e.g. simple processes, no validations necessary)	<input type="checkbox"/>
Sophisticated management system	<input type="checkbox"/>
High number of employees with the same, simple job	<input type="checkbox"/>
Exclusively transport/trade within the scope of certification	<input type="checkbox"/>
Products with high risk or high process risk (e.g. processes requiring validation)	<input type="checkbox"/>
Large location with low employee density	<input type="checkbox"/>
Installation activities at the customer	<input type="checkbox"/>
High level of automation	<input type="checkbox"/>
Identical activities in all shifts	<input type="checkbox"/>
High proportion of outsourced activities	<input type="checkbox"/>
High proportion of employees in the field	<input type="checkbox"/>
Combined audit with several standards / guidelines / regulations	<input type="checkbox"/>
Complicated logistics with multiple buildings, locations	<input type="checkbox"/>
Interpreter needed	<input type="checkbox"/>
In-house sterilisation	Method(s): <input type="checkbox"/>

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Have you been supported by a consultant when setting up your management system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Consultancy		
Contact		
Have you received in-house training from a TÜV NORD company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Training providers		
Training content		
When are you planning the audit?		
Do you have outsourced processes?	<b>Please provide further details on subcontractors in Annex 3.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 7. What type of certification is being sought? (Multiple selection possible)

Single-site certification (All locations are independently certified)	<input type="checkbox"/>
Multi-site certification (Sites are certified in one group)	<input type="checkbox"/>
Combined / Integrated Certification (Several management systems are audited simultaneously)	<input type="checkbox"/>
Do you want a simultaneous audit of all management systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like a remote audit (maximum 50% of the audit time)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the necessary infrastructure for the remote audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 8. Degree of integration when auditing several standards at the same time

In case of a simultaneous certification procedure with several standards, please fill in the following items:	
Integrated management system documentation including procedural and work instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management reviews that take into account the overall business strategy and corporate plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
An integrated approach to internal audits	<input type="checkbox"/> Yes <input type="checkbox"/> No
An integrated approach to the organisation's policies and goals	<input type="checkbox"/> Yes <input type="checkbox"/> No
An integrated approach to system processes (process descriptions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
An integrated approach to improvement mechanisms (corrective and preventive actions; measurement and continuous improvement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Integrated management support and responsibilities (joint management representatives)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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9. Information on the transfer of a certification from other certification bodies	
Are the audit reports from the last certification period available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any non-conformities during the last audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all non-conformities from the last audit been closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach the current certificates to be transferred in electronic form here:	
Why do you want to change the certifier?	

Note: In the case of an order to take over a certification, please enclose all certificates issued by the last certification body and relevant for transfer, all audit reports and reports on non-conformities of the last certification period.

10. Existing certifications				
Please enter your existing certifications here.				
Certificate number	Standard	Certification Body	Date of certification audit	Valid until

11. Do you want to tell us something?

12. Documents required by TÜV NORD CERT for the preparation of the quotation and for the preparation for the (Re-)Certification or extension audit required
<ul style="list-style-type: none"> <li>■ Extract from a professional or commercial register (or comparable evidence), if applicable</li> <li>■ Organisational chart / evidence of the organisational structure</li> </ul>

13. Note for planning a (re-)certification or extension audit: Documents to be made available to the auditor or the audit team in advance
<ul style="list-style-type: none"> <li>■ Extract from a professional or commercial register (or comparable evidence, if applicable)</li> <li>■ Management system documentation (e.g.: Table of contents or presentation of the structure of the management system documentation)</li> <li>■ Organisational chart/evidence of the organisational structure</li> <li>■ Corporate policy</li> <li>■ Management review (e.g.: cover sheet or table of contents with date and signature)</li> <li>■ Current annual planning of internal audits and evidence of audit report(s) (e.g.: cover sheet with date and signature)</li> <li>■ As applicable: List of critical suppliers, certificates, quality agreements and evidence for supplier evaluation.</li> <li>■ Standard-specific documents, if applicable</li> <li>■ Procedural instructions in German or English language</li> </ul>

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### Appendix 1: Information on company locations and branches

Company locations and branches to be included in the scope			
	1st location	2nd location	3rd location
Location name			
Address			
City			
Postal code			
Country			
Contact person			
Position			
Phone			
E-Mail			
Homepage			
FTE (number employees as full-time equivalents)			
Number of shifts			
Activities carried out at the respective site			
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation / Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint quality management system with the head office	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason:	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason:
Desired scope			

For additional sites, please complete another customer questionnaire.

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### Appendix 2: Information on products, manufacturing technologies and services

Products Manufacturing Technologies and Services		
Classification of Main technical Areas (IAF MD 9) for EN ISO 13485 will be made by applying (EU) 2017/745 (MDR) codes. Please note, that this is not an MDR application and select as applicable: <ul style="list-style-type: none"> <li>■ Companies with Class I or higher products please select all applicable MDA / MDN and MDS product codes.</li> <li>■ Companies manufacturing components or providing services, please select the most applicable MDT / MDS / S codes for the most appropriate product technology or service(s).</li> </ul>		
MDA, MDN, MDS, MDT		
	MDA	Active Implantable Products
<input type="checkbox"/>	MDA 0101	Active implantable products for stimulation/inhibition/monitoring*
<input type="checkbox"/>	MDA 0102	Active implantable devices delivering drugs or other substances
<input type="checkbox"/>	MDA 0103	Active implantable devices substituting or replacing organ functions
<input type="checkbox"/>	MDA 0104	Active implantable devices utilising radiation and other active implantable devices
	MDA	Active non-implantable devices for imaging, monitoring and/or diagnostic purposes
<input type="checkbox"/>	MDA 0201	Active non-implantable imaging devices utilising ionizing radiation
<input type="checkbox"/>	MDA 0202	Active non-implantable imaging devices utilising non-ionizing radiation
<input type="checkbox"/>	MDA 0203	Active non-implantable devices for monitoring of vital physiological parameters
<input type="checkbox"/>	MDA 0204	Other active non-implantable devices for monitoring and/or diagnosis
	MDA	Active non-implantable therapeutic products and general active non-implantable products
<input type="checkbox"/>	MDA 0301	Active non-implantable devices utilising ionizing radiation
<input type="checkbox"/>	MDA 0302	Active non-implantable devices utilising non-ionizing radiation
<input type="checkbox"/>	MDA 0303	Active non-implantable devices utilising hyperthermia / hypothermia
<input type="checkbox"/>	MDA 0304	Active non-implantable devices for shock-wave therapy (lithotripsy)
<input type="checkbox"/>	MDA 0305	Active non-implantable devices for stimulation or inhibition
<input type="checkbox"/>	MDA 0306	Active non-implantable devices for extra-corporal circulation, administration or removal of substances and haemopheresis
<input type="checkbox"/>	MDA 0307	Active non-implantable respiratory devices
<input type="checkbox"/>	MDA 0308	Active non-implantable devices for wound and skin care
<input type="checkbox"/>	MDA 0309	Active non-implantable ophthalmologic devices
<input type="checkbox"/>	MDA 0310	Active non-implantable devices for ear, nose and throat
<input type="checkbox"/>	MDA 0311	Active non-implantable dental devices
<input type="checkbox"/>	MDA 0312	Other active non-implantable surgical devices
<input type="checkbox"/>	MDA 0313	Active non-implantable prostheses, devices for rehabilitation and devices for patient positioning and transport
<input type="checkbox"/>	MDA 0314	Active non-implantable devices for processing and preservation of human cells, tissues or organs including in vitro fertilisation (IVF) and assisted reproductive technologies (ART)
<input type="checkbox"/>	MDA 0315	Standalone software including software design for medical devices

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<input type="checkbox"/>	MDA 0316	Medical gas supply systems and parts thereof
<input type="checkbox"/>	MDA 0317	Active non-implantable devices for cleaning, disinfection and sterilisation
<input type="checkbox"/>	MDA 0318	Other active non-implantable devices
	<b>MDN</b>	<b>Non-active implants and surgically invasive products for long-term use</b>
<input type="checkbox"/>	MDN 1101	Non-active cardiovascular, vascular and neurovascular implants
<input type="checkbox"/>	MDN 1102	Non-active osteo- and orthopaedic implants
<input type="checkbox"/>	MDN 1103	Non-active dental implants and dental materials
<input type="checkbox"/>	MDN 1104	Non-active soft tissue and other implants
	<b>MDN</b>	<b>Non-active non-implantable devices</b>
<input type="checkbox"/>	MDN 1201	Non-active non-implantable devices for anaesthesia, emergency and intensive care
<input type="checkbox"/>	MDN 1202	Non-active non-implantable devices for administration, channelling and removal of substances, including devices for dialysis
<input type="checkbox"/>	MDN 1203	Non-active non-implantable guide catheters, balloon catheters, guidewires, introducers, filters and related tools
<input type="checkbox"/>	MDN 1204	Non-active non-implantable medical devices for wound and skin care
<input type="checkbox"/>	MDN 1205	Non-active non-implantable orthopaedic and rehabilitation devices
<input type="checkbox"/>	MDN 1206	Non-active non-implantable ophthalmologic devices
<input type="checkbox"/>	MDN 1207	Non-active non-implantable diagnostic devices
<input type="checkbox"/>	MDN 1208	Non-active non-implantable instruments
<input type="checkbox"/>	MDN 1209	Non-active non-implantable dental materials
<input type="checkbox"/>	MDN 1210	Non-active non-implantable devices used for contraception or prevention of the transmission of sexually transmitted diseases
<input type="checkbox"/>	MDN 1211	Non-active non-implantable devices for disinfecting, cleaning and rinsing
<input type="checkbox"/>	MDN 1212	Non-active non-implantable devices for processing and preservation of human cells, tissue or organs including in vitro fertilisation (IVF) and assisted reproductive technologies (ART)
<input type="checkbox"/>	MDN 1213	Non-active non-implantable devices composed of substances to be introduced into the human body via a body orifice or the dermal route
<input type="checkbox"/>	MDN 1214	General non-active non-implantable devices used in health care and other non-active non-implantable devices
	<b>MDS</b>	<b>Products with special properties</b>
<input type="checkbox"/>	MDS 1001	Devices incorporating medicinal substances
<input type="checkbox"/>	MDS 1002	Devices manufactured utilising tissues or cells of animal origin, or their derivatives
<input type="checkbox"/>	MDS 1003	Devices manufactured utilising tissues or cells of human origin, or their derivatives
<input type="checkbox"/>	MDS 1004	Devices which are also machinery as defined in point (a) of the second paragraph of Article 2 of Directive 2006/42/EC

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<input type="checkbox"/>	MDS 1005	Devices in sterile condition: <input type="checkbox"/> EO <input type="checkbox"/> Radiation (gamma, electron, X-rays) <input type="checkbox"/> Moist heat <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Aseptic filling <input type="checkbox"/> Formaldehyde incl. low-temperature steam-formaldehyde sterilization <input type="checkbox"/> Thermal sterilization processes, dry heat <input type="checkbox"/> Plasma
<input type="checkbox"/>	MDS 1006	Reusable surgical instruments
<input type="checkbox"/>	MDS 1007	Devices incorporating or consisting of nanomaterial
<input type="checkbox"/>	MDS 1008	Devices utilising biological active coatings and / or materials or being wholly or mainly absorbed or locally dispersed in the human body or are intended to undergo a chemical change in the body.
<input type="checkbox"/>	MDS 1009	Devices incorporating software / utilising software / controlled by software, including devices intended for controlling, monitoring or directly influencing the performance of active or active implantable devices
<input type="checkbox"/>	MDS 1010	Devices with a measuring function
<input type="checkbox"/>	MDS 1011	Devices in systems or procedure packs
<input type="checkbox"/>	MDS 1012	Products without an intended medical purpose listed in Annex XVI of Regulation (EU) 2017/745
<input type="checkbox"/>	MDS 1013	Class III custom-made implantable devices
<input type="checkbox"/>	MDS 1014	Devices incorporating as an integral part an in vitro diagnostic medical device
	<b>MDT</b>	<b>Products for which special technologies or processes are used</b>
<input type="checkbox"/>	MDT 2001	Metal processing
<input type="checkbox"/>	MDT 2002	Plastic processing
<input type="checkbox"/>	MDT 2003	Non-metal mineral processing including glass, ceramics
<input type="checkbox"/>	MDT 2004	Non-metal non-mineral processing including textiles, rubber, leather, paper
<input type="checkbox"/>	MDT 2005	Biotechnology
<input type="checkbox"/>	MDT 2006	Chemical processing
<input type="checkbox"/>	MDT 2007	Production of pharmaceuticals
<input type="checkbox"/>	MDT 2008	Clean room production
<input type="checkbox"/>	MDT 2009	Processing of materials of human or animal origin (no accreditation for human material)
<input type="checkbox"/>	MDT 2010	Manufacture or processing of electronic components including communication devices
<input type="checkbox"/>	MDT 2011	Packaging, including labelling
<input type="checkbox"/>	MDT 2012	Installation, refurbishment
<input type="checkbox"/>	MDT 2013	Reprocessing of medical devices
	<b>IVD</b>	<b>In vitro diagnostics</b> Reagents and reagent products, calibrators, and control materials for
<input type="checkbox"/>	IVD 0001	Clinical Chemistry
<input type="checkbox"/>	IVD 0002	Haematology, haemostaseology, immunohaematology
<input type="checkbox"/>	IVD 0003	Immunochemistry, immunology



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<input type="checkbox"/>	IVD 0004	IVD instruments and software
<input type="checkbox"/>	IVD 0006	IVD medical devices other than specified above: specimen receptacles
	<b>S</b>	<b>S-Codes</b>
<input type="checkbox"/>	S 0010	Raw materials (Raw metals, plastic, wood, ceramic)
<input type="checkbox"/>	S 0011	Components (Electrical components, fasteners, shaped raw materials, machined raw materials, and molded plastic)
<input type="checkbox"/>	S 0012	Subassemblies (Electronic subassemblies mechanical subassemblies, made to drawings and/or work instructions)
<input type="checkbox"/>	S 0013	Distribution services (Distributors providing storage and delivery of medical devices, not acting as a 'legal manufacturer' for medical devices)
<input type="checkbox"/>	S 0014	Maintenance services (Electrical or mechanical repair services, facility cleaning and maintenance services, uniform cleaning and testing of ESD smocks)
<input type="checkbox"/>	S 0015	Transportation services (Trucking, shipping, air transportation service in general)
<input type="checkbox"/>	S 0016	Custom made devices (dental technology, orthopaedics and orthopaedic shoe technology, rehabilitation technology)
<input type="checkbox"/>	S 0020	Reprocessing of medical devices up to and including critical B
<input type="checkbox"/>	S 0021	Reprocessing of medical devices up to and including critical C (TÜV NORD CERT Certificate will be issued)

\*For Scopes highlighted in grey, TÜV NORD CERT does not have an accreditation.

Questions mandatory to be answered by companies providing parts and/or services	
Is the product a nearly finished and assembled medical device? (i.e., it is intended to be used for a medical purpose and only needs packaging and/or labeling)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the product intended to be a component/part of a medical device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the organization contracted to carry out any activities that are regulated by a medical device regulation (e.g., relabeling, remanufacturing of other medical devices)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the product supplied sterile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the product contain software developed by the client organization or a supplier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is "Design and Development" in the scope of the EN ISO 13485 certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the product (raw materials, parts, components, subassemblies, maintenance services, or other services) intended to support associated medical devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No

More information, products, technologies

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### Appendix 3: Information on outsourced processes and subcontractors / critical suppliers

Please indicate which services and processes are outsourced to external companies / critical suppliers.

Information on subcontractors / suppliers			
	1st subcontractor	2nd subcontractor	3rd subcontractor
Name subcontractor			
Adress			
Homepage			
Quality assurance* agreement available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplier evaluation available*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification of an accredited / notified body*	<input type="checkbox"/> None <input type="checkbox"/> EN ISO 9001 <input type="checkbox"/> EN ISO 13485 <input type="checkbox"/> 93/42/EWG <input type="checkbox"/> (EU) 2017/745 <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> EN ISO 9001 <input type="checkbox"/> EN ISO 13485 <input type="checkbox"/> 93/42/EWG <input type="checkbox"/> (EU) 2017/745 <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> EN ISO 9001 <input type="checkbox"/> EN ISO 13485 <input type="checkbox"/> 93/42/EWG <input type="checkbox"/> (EU) 2017/745 <input type="checkbox"/> Other
Outsourced process	<input type="checkbox"/> Development <input type="checkbox"/> Production <input type="checkbox"/> Assembly <input type="checkbox"/> Coating <input type="checkbox"/> Cleaning <input type="checkbox"/> Sterilisation <input type="checkbox"/> Packaging <input type="checkbox"/> Storage <input type="checkbox"/> Transport <input type="checkbox"/> Verification / Validation <input type="checkbox"/> Marketing / Sales <input type="checkbox"/> Installation / Service <input type="checkbox"/> Other	<input type="checkbox"/> Development <input type="checkbox"/> Production <input type="checkbox"/> Assembly <input type="checkbox"/> Coating <input type="checkbox"/> Cleaning <input type="checkbox"/> Sterilisation <input type="checkbox"/> Packaging <input type="checkbox"/> Storage <input type="checkbox"/> Transport <input type="checkbox"/> Verification / Validation <input type="checkbox"/> Marketing / Sales <input type="checkbox"/> Installation / Service <input type="checkbox"/> Other	<input type="checkbox"/> Development <input type="checkbox"/> Production <input type="checkbox"/> Assembly <input type="checkbox"/> Coating <input type="checkbox"/> Cleaning <input type="checkbox"/> Sterilisation <input type="checkbox"/> Packaging <input type="checkbox"/> Storage <input type="checkbox"/> Transport <input type="checkbox"/> Verification / Validation <input type="checkbox"/> Marketing / Sales <input type="checkbox"/> Installation / Service <input type="checkbox"/> Other

\*evidence may be required prior to (re)certification audit

For additional subcontractors / suppliers, please complete another customer questionnaire.

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We confirm all information and agree that our information will be stored as part of the offer preparation and process / order processing.

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Place and date

Name

Signature

**Please email the completed form to:**

[medical@tuev-nord.de](mailto:medical@tuev-nord.de)

**TÜV NORD CERT GMBH**

Notified Body for medical devices

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