



Project No \_\_\_\_\_  
(Filled in by YUQS)

Certification scope(EA code) \_\_\_\_\_  
(Filled in by YUQS)

## QUESTIONNAIRE

FILL IN THIS QUESTIONNAIRE TO PROVIDE US WITH MAIN DATA ABOUT YOUR ORGANIZATION  
(CONFIDENTIAL WHEN FILLED IN)

1. Management system(s) to be certified / applied standard(s) for management system(s):

2. Name of organization :

3. Address:

4. Telephone:

e-mail:

Telefax:

web site:

5. Names of:

- General Manager
- Quality management representative
- Contact person

6. Activity/ Scope of work of the organization:

7. Certification scope (activity to be certified)

8. Total number of employees:

Number of subcontracted external workers:

Number of employees in the part of the organization to be certified (including external staff):

Number of shifts:



9. Locations of the organization (head office address and addresses of branch offices/subsidiaries/temporary locations):

10. Locations where the management system is applied:

11. Equipment/devices used in work:

12. Legal and other regulations applied in your organization:

13. Previous licenses or certificates (register number, date of issuing, period of validity, name of organization that has issued the license or certificate):

14. Name of consulting organisation or consultant (if engaged):

15. Suggested terms for pre-assessment / re-assessment:

16. Prospectus of the organization enclosed to the questionnaire:  Yes  No

17. Organizational scheme enclosed to the questionnaire:  Yes  No

Filled in questionnaire to be submitted to the following address:

**YUQS**  
11000 Belgrade, Serbia  
Trg republike 3/I

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Telefax: (+381) 11 2626-349  
e-mail: office@yuqs.org

Date:

Legally binding signature: