

**QUESTIONNAIRE – PART 1 PERSONAL PROTECTIVE EQUIPMENT
DIRECTIVE 89/686/EEC**

Completion Guidance Notes

1. On receipt of the completed Part 1 and Part 2 of this Questionnaire, SGS will prepare and submit a No Obligation proposal detailing the assessment, certification and other cost.
2. If you are an exciting client applying for an Extension to scope please indicate additions only i.e. additional sites, activities etc. in the relevant sections.
3. Please return in electronic format or hard copy to:
 SGS Hong Kong Ltd
 Room 2012-2018 ,20/F,Metrople Square ,2 On Yiu Street, Siu Lek Yuen ,Sha Tin , N.T., HK.
 ☎ : (852) 27653620
 📠 : (852) 23332257
 ✉ : hk.ssc@sgs.com
 🌐 : www.hk.sgs.com

Name of Company or Organization

Please tick if you wish to achieve any of the following certification with SGS

ISO9001:2000, and please give details of any intended exclusions

Directive 89/686/EEC Article 11A

Directive 89/686/EEC Article 11B

Please add any other QMS certification to be included in this proposal (e.g. EMS,H&S etc.)

For which group of “complex design “, Category 3 products do you require certification?

Please tick if the product(s) fails within the description

Respiratory devices for the filtering of aerosols or gases

Respiratory protection for full insulation form the atmosphere

Protection against dangerous chemical, ionizing radiation

Protection against fire and heat equivalent to 100°C or more

Protection against cold equivalent to -50°C or less

Protection against falls form height

Protection against electrical risks and high voltages

Part 1 PPE Continued

Please describe products to be certified

Please specify which harmonized standards apply(EN,ISO)

How many EC type Examination Certification do you have?

Which Notified Body issued the EC Type Examination Certification?

How many EC Type Examination Certification do you expect eventually?

Please define scope of registration for the following standards, if applicable.

ISO 9000

Article 11 **Manufacture of** _____



(Issue 2)

QUESTIONNAIRE- PART 2 GENERAL COMPANY INFORMATION

Company/ Organization Details

Name of company or Organization _____

Division or Trading Name For
Certificate(if different)_____

Address _____

Registration Number If incorporated _____

If company is part of a group, please specify group _____

Company Web Site Address _____

Management Representative(Contact) _____

Position _____

Tel No. _____ Fax No _____

E-mail _____

Is the Company a member of any trade association? If YES , please tick and list

If you wish to include other sites in the same registration, please indicate below:

Location 2 _____ Number of employees _____

Address _____

PART 2 GENERAL COMPANY INFORMATION CONTINUED

Does your company already have third party certification(SGS or other)?If YES,
Please tick and indicate the following

Name of Certification Body _____

Certification Number(s) _____

Assessment Criteria _____

If not SGS, Scope of Certification
(or send copy of certificate)

Date of last visit _____

If you are an SGS Client applying for an Extension to Scope, please indicate Certificate
Number(s)affected

Work Practice

Total number of employees in the organization _____

Total number of employees in the activities to be certified _____

Do the company operate a shift system or any conduct any activities outside
daytime working hours? If Yes ,please tick and give details

Please list the main processes or activities on site

Are there any specialist operations or services carried out by a sub contractor? If
Yes, please tick and describe

Do you buy in or sell any items/service/data without further processing, testing or assembly?
If Yes, please tick and indicate percentage of business

Continue on a separate sheet if necessary

PART 2 GENERAL COMPANY INFORMATION CONTINUED

Quality System Information

Do you have a Quality System? If Yes, please tick and indicate what type of quality system you have?

PAPER ELECTRONIC MIXED

Please indicate if you have a timescale(s) for the following

Implementation date of the system? _____

Pre-assessment (if applicable) _____

Certification audit _____

Have you completed a management review? If so tick

Have you commenced internal auditing? If so tick

What is the approx. number of page in the System excluding forms? _____

How many forms are in current use? _____

Contact information

Has previous contact been made with SGS Personnel i.e. via telephone etc.? If YES, tick and please state the name of the person and if applicable the date of meeting /visit etc.

Where did you hear about SGS? _____

Do you currently use any other SGS Services? If Yes tick and please give details
