Attachment to application form C-031-05 Medical devices and IVD products with details of additional sites

NOTES:
- This PDF refers to the application form C-031-05 Medical Devices and IVD Products.
- Please add any information about additional sites and their employees here.
  If the specified number of additional locations is not sufficient, you are welcome to copy the PDF as many times as you like and use it for additional sites.
- Please make sure that the sites/subsidiaries are numbered consecutively (A2, A3, etc.).

Please give details below of all further locations and their employees.	
Location (A)	
Subsidiary (A)	
Company name	
House no., street	
Further address, if necessary	
Town (and region if necessary)	
ZIP code/Postcode	
Country	
Number of shifts	

Requested Scope EN ISO 13485:2016	
Requested Scope ISO 9001:2015	
Requested Scope EN ISO 13485:2016 TCP	
Requested Scope ISO 13485:2016 MDSAP	

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Please give details below about the number of employees at this location.				
	Employees who work between 21 and 40 hours per week on average	Employees who work between 11 and 20 hours per week on average	Employees who work between 1 and 10 hours per week on average	Trainees
Design and development				
Production and warehousing				
Administration, purchasing & miscellaneous				
Quality management, regulatory affairs				

Are some of your services carried out at your customer's premises (projects)?				
☐ No	☐ Yes, as follows:		Number:	

NOTE: Please attach a copy of your company's current organization chart.

RESET FORM