



QI – NAWI – INFORMATIVE QUESTIONNAIRE
NON AUTOMATIC WEIGHING INSTRUMENTS

1. REQUIRED CONFORMITY ASSESSMENT PROCEDURE (DIRECTIVE 2014/31/EU):

MODULE D MODULE D1 MODULE F MODULE F1

2. APPLICANT ORGANIZATION DATA:

NAME/ORGANIZATION:	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
VAT NUMBER:		
LEGAL ADDRESS:		
CITY:		
PROVINCE:	ZIP CODE:	COUNTRY:
TEL.:	FAX:	
E-MAIL:	WEBSITE:	
Is Organization Legal site also Production site?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>

3. PERSONNEL (INDICATE IN THE SPACES BELOW THE TOTAL STAFF OPERATING ON BEHALF OF THE ORGANISATION FOR THE ACTIVITIES INCLUDED IN THE SCOPE OF THE CERTIFICATION REQUESTED. PROVIDE THE TOTAL STAFF IN HEAD OFFICE + IN ANY SITES TO BE CERTIFIED + IN ANY YARDS/SERVICE PROVISION CENTRES/EXTERNAL ACTIVITIES ETC...

TOTAL NUMBER OF PERSONNEL OF WHOM: EMPLOYEES: COLLABORATORS: SUBCONTRACTORS:

4. OTHER INFORMATIONS

IS THERE A COMPANY WHICH HAS BEEN ENTRUSTED WITH CONSULTING ACTIVITIES (PARTICIPATION IN THE DESIGN, MANUFACTURE, INSTALLATION, MAINTENANCE OR DISTRIBUTION OF THE PRODUCT).	NOT PRESENT <input type="checkbox"/>
COMPANY NAME ¹ :	
CONSULTANT NAME:	
APPLIED STANDARDS FOR THE DESIGN, MANUFACTURE AND CHECK OF NAWI INSTRUMENTS:	
REQUESTED LANGUAGE FOR AUDIT ACTIVITIES:	
PROPOSED DATE FOR AUDIT ACTIVITIES:	

5. SITES SUBJECT TO CERTIFICATION (IF DIFFERENT FROM LEGAL ADDRESS) - (ATTACH ADDITIONAL SHEET, IF NECESSARY)

SITE NAME:	SITE ACTIVITY:		
ADDRESS:			
CITY:			
ZIP CODE:	PROVINCE:	COUNTRY:	
TEL.:	FAX:	E-MAIL:	
SITE REFERENCE PERSON			
NAME AND SURENAME:			
POSITION:			
TEL.:	FAX:	E-MAIL:	
SITE EMPLOYEE NUMBER:			

¹ The name of the consultant and of the consulting company allows RINA to avoid possible conflicts of interest between the certification activity and the activity of the associated companies



FILL FOR MODULE D & D1 CONFORMITY ASSESSMENT PROCEDURE

6. ACQUIRED CERTIFICATIONS (ATTACH ADDITIONAL SHEET, IF NECESSARY)		
STANDARD	CERTIFICATION DETAILS	
ISO 9001	CERTIFICATE NUMBER:	
	ISSUE DATE/ EXPECTED DATE FOR CERTIFICATION:	EXPIRATION DATE:
	CERTIFICATION BODY:	
EU-TYPE EXAMINATION CERTIFICATES MODULE B (REQUIRED ONLY IN CASE OF MODULE D) (PLEASE, FILL OUT A FORM FOR EACH INSTRUMENT MODEL AND ATTACH THE COMPLETE CERTIFICATE WITH RELEVANT TECHNICAL FILE)	CERTIFICATE NUMBER:	
	ISSUE DATE:	EXPIRATION DATE:
	CERTIFICATION BODY:	

7. TYPE OF CERTIFICATION REQUIRED			
<input type="checkbox"/> FIRST CERTIFICATION	<input type="checkbox"/> EXTENSION/MODIFY (<input type="checkbox"/> SCOPE <input type="checkbox"/> SITE)	<input type="checkbox"/> RECERTIFICATION	<input type="checkbox"/> TRANSFER OF CERTIFICATE (CHANGE OF CERTIFICATION BODY)

8. ONLY FOR TRANSFER OF CERTIFICATE FROM ANOTHER NOTIFIED BODY: (ALWAYS ATTACH THE CERTIFICATE ISSUED BY THE PREVIOUS BODY)	
REASON FOR SEEKING TRANSFER:	
ARE ANY NON CONFORMITIES ISSUED BY THE PREVIOUS CB STILL OPEN AND HAS THE IMPLEMENTATION OF THE RELEVANT CORRECTIVE ACTIONS NOT YET BEEN CHECKED?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, SPECIFY THE TYPE OF NON-CONFORMITY: <input type="checkbox"/> MAJOR NC <input type="checkbox"/> MINOR NC	
ANY PENDING LEGAL PROCEEDINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE AND TYPE OF NEXT AUDIT:	SURVEILLANCE <input type="checkbox"/> RECERTIFICATION <input type="checkbox"/>
SIGNALS RELATING TO THE SAFETY OF THE PRODUCT (S) HAVE BEEN COMMUNICATED (E.G.: ACCIDENTS / MALFUNCTIONS ...) <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HAVE THEY BEEN ADEQUATELY MANAGED AND ADEQUATE CORRECTIVE ACTIONS HAVE BEEN TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

APPLICANT SIGNATURE	
By providing this information, you declare that you have read the privacy policy and have issued any informed consent using the attached FORM-CERTI-PRIVACY form.	
Place and date: _____ il _____	Stamp and Signature (Specify the name and function) _____



FILL FOR MODULE F & F1 CONFORMITY ASSESSMENT PROCEDURE

PRODUCT DESCRIPTION

(FILL OUT A FORM FOR EACH INSTRUMENT FOR WHICH CONFORMITY ASSESSMENT IS REQUIRED)

PRODUCT TYPE	
General characteristics of the non-automatic weighing instrument:	
Accuracy Class:	
Serial Number:	
FOR MODULE F	Report (and attach) the EC- type certificate or module B

APPLICANT SIGNATURE	
By providing this information, you declare that you have read the privacy policy and have issued any informed consent using the attached FORM-CERTI-PRIVACY form.	
Place and date: _____ il _____	Stamp and Signature <i>(Specify the name and function)</i> _____