

Basic Information & Questionnaire

The information requested in Forms QA-90 & QA-91-1~5 is essential for the BSMI to assess the operations of your organization. Please provide as much detail as possible. If a question does not apply, or you cannot provide an answer, please write "N/A".

1.0 Basic Information:

1.1 Are there any quality system functions that are performed at activities or locations other than the one represented in the QA-90 form? Please detail below:

Name of the locations: _____

Address: _____

Function: _____

Name of the locations: _____

Address: _____

Function: _____

1.2 Facility information

1.2.1 Approximate the facility size (square footage): _____

1.2.2 Total number of employees at the facility: _____

1.2.3 Total number of employees in administration: _____

1.2.4 Total number of employees in the quality department: _____

1.2.5 Total number of employees in the design department: _____

1.2.6 Total number of employees in the production

/service department: _____

1.2.7 The number of employees who are shift workers, and the current number of shifts: _____

1.3 The operational schedule of the facility being considered for registration
(please check the appropriate box)

- ☐ A. Continuous (year round) ☐ C. Planned shutdowns
☐ B. Seasonal (parts of the year)

If either "B" or "C" was selected, please provide detailed dates.

1.4 Please provide details of any off-site warehouse locations.

1.5 Are any of the manufacturing/service processes performed by
subcontractors?

1.6 Please provide details of any approval granted by other certification
bodies.

1.7 How many production or service lines are located at the facility?

2.0 Quality System:

2.1 How long has your quality system been implemented?

2.2 Are you using, or considering using a consultant?

2.3 Has your quality system conducted at least one complete internal audit
and the management review?

3.0 Principal Equipment:

3.1 Production equipment used?

3.2 Inspection/measuring/testing equipment used?

4.0 Safety Requirements:

4.1 Does the facility have safety requirements regarding clothing and/or protective equipment? If protective equipment is required, is it provided at the facility?

4.2 Are contact lenses, beards, long hair, loose clothing, etc. allowed?

4.3 Are there any hazards at the facility (e.g., radiation, toxins, etc.)? If so, are there gender requirements with regard to the hazards?

4.4 What is the noise level of the processes at the facility?

4.5 Does the facility have any other special safety or cleanliness requirements?

5.0 Other Information:

5.1 Does your firm have preferred dates on which an assessment can take place?

5.2 Please provide any additional information, which you feel, may be helpful as we prepare and conduct the auditing activities you have requested.

Thank you for your assistance in completing this questionnaire. Please sign below, indicating your title and the date.

Signature: _____

Position: _____

Date: _____

Declaration of Rights and Obligations for Management Systems Registration

The Bureau of Standards, Metrology and Inspection,
Ministry of Economic Affairs, Republic of China

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