

EXCiPACT CERTIFICATION QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE AND ATTACH ANY RELEVANT SUPPORTING INFORMATION DESCRIBING THE COMPANY'S EXCiPACT SYSTEM AND ACTIVITIES, e.g. COMPANY PUBLICITY MATERIAL. ON RECEIPT OF THE COMPLETED QUESTIONNAIRE AJA REGISTRARS WILL PREPARE AND SUBMIT FOR YOUR APPROVAL A PROPOSAL DETAILING AUDIT OR TRANSFER COSTS AND TIMESCALES.

COMPANY NAME			
COMPANY ADDRESSES TO BE CERTIFIED (ADD MORE LINES IF REQUIRED)	Head Office:		
	Address 2:		
	Address 3:		
	Address 4:		
	Address 5:		

MULTISITE APPLICANTS: DOES EACH SITE FOLLOW A COMMON SYSTEM		TOTAL NUMBER OF SITES TO BE REGISTERED AS A MULTISITE	
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CONTACT NAME		POSITION	
TELEPHONE		FAX	
E-MAIL		WEBSITE	
NAME OF CONSULTANT (IF USED)			
IS A VALID ISO 9001 CERTIFICATION AVAILABLE?			
WHICH STANDARD IS TO BE CERTIFIED? GMP AND / OR GDP AND / OR GWP?			

TYPE OF APPLICATION (PLEASE SELECT FROM THE FOLLOWING OPTIONS)							
NEW		RENEWAL		TRANSFER		SCOPE EXTENSION	
PLEASE ADD THE YOUR CURRENTLY VALID ISO 9001:2008 CERTIFICATE							
EMPLOYEES	TOTAL NUMBER OF STAFF	MANUFACTURING STAFF	SERVICE STAFF	STAFF WORKING OFF SITE	TOTAL STAFF (AVAILABLE DURING THE AUDIT)		
FULL TIME							
PART TIME							
TEMPORARY							
SUBCONTRACTORS							
SHIFT WORK (Y/N)		NUMBER OF SHIFTS		NUMBER OF PERSONNEL ON EACH SHIFT			

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Please describe the products, processes and/or services which you intend to include in the scope to be registered.		
Are pharmaceutical auxiliary materials produced or sold only in a part of the work?		
Are production facilities used for several purposes unless for the production of pharmaceutical auxiliary materials?		
Please, you mention all pharmaceutical auxiliary materials which are produced or sold in the work?		
Are working sequences and/or activities undertaken at other locations?	Number of locations	

PLEASE INDICATE ANY EXCLUSIONS FROM THE ISO 9001 STANDARD THAT YOUR COMPANY HAVE NOMINATED																			
7.1		7.2		7.3		7.4		7.5.1		7.5.2		7.5.3		7.5.4		7.5.5		7.6	

PLEASE INDICATE ANY FURTHER CERTIFICATIONS YOUR COMPANY MAY BE INTERESTED IN													
ISO 14001		ISO 45001		ISO 13485		ISO 22000		ISO 50001		BS 8555		OTHER	

SIGNED		DATE	
IN SIGNING, I HEREBY DECLARE THAT THE DETAILS SHOWN ABOVE ARE CORRECT AND COMPLETE TO THE BEST OF MY BELIEF			
POSITION HELD IN COMPANY			

FOR A CERTIFICATION QUOTATION PLEASE RETURN THIS QUESTIONNAIRE AJA REGISTRARS

THE CERTIFICATION MANAGER
AJA REGISTRARS GERMANY GMBH, WORMSER STRASSE 18; 67346 SPEYER
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