

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
+ AC:2018 + A11:2021

Requested Scope
ISO 9001:2015

Requested Scope
ISO 13485:2016 MDSAP

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