| *PO-DBA/18-Z1* | | | | | | *Data aktualizacji druku:* | | | | | | | | | | | *Data wydania druku: 20-04-2020* | | | | | | | |
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| ***Zakład Badań Atestacyjnych Jednostka Certyfikująca*** | | | | | **WNIOSEK** | | | | | | | | | | | | | | | | | | | |
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| **I. Wniosek o:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| * certyfikację systemu zarządzania jakością | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| * zatwierdzenie systemu jakości procesu produkcji – Załącznik IV Dyrektywy 2014/34/UE | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| * zatwierdzenie systemu jakości produktu – Załącznik VII Dyrektywy 2014/34/UE | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| * zatwierdzenie systemu jakości procesu produkcji – Załącznik X Dyrektywy 2006/42/UE | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| * ponowną certyfikację/zatwierdzenie systemu jakości\* | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| *\*) jeśli nie dotyczy, skreślić* | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II. Dokument odniesienia:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| * PN-EN ISO 9001:2015-10 | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| * PN-EN ISO/IEC 80079-34:2011 | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| **III. Wnioskowany zakres certyfikacji1:** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - zakres certyfikacji systemu zarządzania jakością w powiązaniu z wyrobem (w tym z usługą), procesem itp., jeśli ma to zastosowanie, dla każdego oddziału | | | | | | | | | | | | | | | | | | | | | | | | |
| **Wnioskowany zakres wyrobów wytwarzanych w ramach zatwierdzonego systemu jakości2** (typ, oznaczenie zabezpieczenia przeciwwybuchowego, nr certyfikatu badania typu WE) | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 - dotyczy zatwierdzenia systemu jakości produkcji lub produktu | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. Branża:** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Kod EA | | | Branża | | | | | | | | | | Kod NACE/PKD | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 17 | | | Metale i wyroby metalowe | | | | | | | | | | 24 bez 24.46; | | | | | | |  |  | | |
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|  |  | | |  | | | | | | | | | | 25 bez 25.4, 33.11 | | | | | | |  |  | | |
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|  | 18 | | | Maszyny i osprzęt do nich | | | | | | | | | | 25.4, 28, 30.4, 33.12, 33.2 | | | | | | |  |  | | |
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|  | 19 | | | Urządzenia elektryczne i optyczne | | | | | | | | | | 26, 27, 33.13, 33.14, 95.1 | | | | | | |  |  | | |
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| IV. Nazwa i adres (adresy) wnioskującej organizacji i jej fizycznych lokalizacji: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Liczba oddziałów prowadzących taką samą działalność, w różnych lokalizacjach | | | | | | | | | | | | | | | | | | | |  |  | | |
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| **VI. Status prawny:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **VII. Wnioskowany obszar certyfikacji**: | | | | | | | | | | | | | | | | | | | | | | | | |
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| * cała organizacja | | | | | | | | | | | |  |  | | | | | | | | | | | |
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| * oddziały | | | | | | | | | | | |  | jakie? | | | | | | | | | | | |
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| **IX. Opis działalności:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IX. Zasoby ludzkie** (efektywna liczba personelu, na który składa się cały personel pełnoetatowy zaangażowany   w ramach zakresu certyfikacji, w tym personel pracujący na każdej zmianie): | | | | | | | | | | | | | | | | | | | | | | | | |
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| podać dokładną liczbę | | | | | | | |  | | | | | | |  | | | | | | | | | |
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| **X. Zasoby techniczne**: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **XI. Podzlecanie procesów**: | | | | | | | | | | | | | | | | | | | | | | | | |
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| * tak | | | | | | | | | | |  | | |  | | | | | | | | | | |
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| **XII. Korzystanie z konsultacji w odniesieniu do systemu zarządzania**: | | | | | | | | | | | | | | | | | | | | | | | | |
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| * tak | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Nazwisko i imię konsultanta .......................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | |
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| XIII. Oświadczenie Klienta | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | * Wyrażam zgodę na spełnienie wymagań certyfikacyjnych/dotyczących oceny zgodności oraz na dostarczenie wszystkich informacji niezbędnych do certyfikacji systemu zarządzania/zatwierdzenia systemu jakości.\* * Dokumentacja jest zgodna z wymaganiami pkt. 3.2 Załącznika IV/Załącznika VII\* Dyrektywy 2014/34/UE.\* * Dokumentacja jest zgodna z wymaganiami pkt. 2.2 Załącznika X Dyrektywy 2006/42/UE.\* * Oświadczam, że: * Wniosek o zatwierdzenie systemu jakości produkcji/produktu nie został złożony w innej jednostce notyfikowanej \* * Wniosek o certyfikację nie został złożony w innej jednostce certyfikującej\* * Posiadam prawo do posługiwania się dokumentacją systemu zarządzania jakością oraz dokumentacjami technicznymi i certyfikatami badania typu UE wyrobów wytwarzanych w ramach zatwierdzonego systemu jakości. | | | | | | | | | | | | | | | | | | | | | | | |
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| /Imię, nazwisko pełniona funkcja/stanowisko/ | | | | /podpis/ | | | | | | /data/ | | | |
| *\*) jeśli nie dotyczy, skreślić* | | | | | | | | | | | | | | | | | | | | | | | | |
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| XIV. Zgłoszenie wyrobu pismem zlecającym | | | | | | | | | | | | | | | | | | | | | | | | |
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| /Nr pisma/ | | | | /Imię, nazwisko zlecającego/ | | | | | | /data/ | | | |
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| **XV. Rejestracja wniosku:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wniosek nr** | | | | | | | |  | | | | | | | | | |  | | | | | | |
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