| *PO-DBA/18-Z1* | | | | | | *Data aktualizacji druku:* | | | | | | | | | | | *Data wydania druku: 31-05-2023* | | | | | | | | | | |
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| ***Zakład Badań Atestacyjnych Jednostka Certyfikująca*** | | | | | | **WNIOSEK** | | | | | | | | | | | | | | | | | | | | | |
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| Wniosek o:/obszar wnioskowanej oceny/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - certyfikację systemu zarządzania jakością wg ISO 9001 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - zatwierdzenie systemu jakości procesu produkcji – Załącznik IV Dyrektywy 2014/34/UE (Moduł D) | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - zatwierdzenie systemu jakości wyrobu – Załącznik VII Dyrektywy 2014/34/UE (Moduł E) | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - ponowną certyfikację/zatwierdzenie systemu jakości\* | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - inne, *uzupełnij ………* | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Dokument odniesienia: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - PN-EN ISO 9001:2015-10 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - PN-EN ISO/IEC 80079-34:2020-09 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - inny, *uzupełnij ………* | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Wnioskowany zakres certyfikacji/zakres certyfikacji systemu zarządzania jakością w powiązaniu z wyrobem (w tym z usługą), procesem itp., jeśli ma to zastosowanie, dla każdego oddziału/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Wnioskowany zakres wyrobów wytwarzanych w ramach zatwierdzonego systemu jakości /dotyczy zatwierdzenia systemu jakości produkcji lub wyrobu, należy określić zakres certyfikacji, typ wyrobu, oznakowanie Ex i podać nr certyfikatu badania typu UE/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Liczba oddziałów prowadzących taką samą działalność, w różnych lokalizacjach: | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Branża | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | Kod EA | Branża | | | | | | | | Kod NACE/PKD | | | | | | | | | |  | |  | | | |
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|  | | | 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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| Wnioskowany obszar certyfikacji | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - cała organizacja | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
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| - oddziały, *wymień:* | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
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| Nazwa i adres (adresy) organizacji i jej fizycznych lokalizacji objętych wnioskiem o certyfikację: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| System zarządzania jakością Wnioskodawcy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Czy Wnioskodawca posiada system zarządzania jakością? | | | | | | | | | | | | | | tak | | | | |  | nie | |  | |  | | | |
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| Czy posiadany system zarządzania jakością jest certyfikowany? | | | | | | | | | | | | | | tak | | | | |  | nie | |  | |  | | | |
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| ***Jeżeli Wnioskodawca posiada certyfikowany system zarządzania jakością****, należy podać datę, numer, zakres certyfikatu, normę odniesienia i nazwę jednostki certyfikującej lub dołączyć kopię certyfikatu wraz z zakresem certyfikacji.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Status prawny: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Opis działalności: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 personelu: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Zatrudnienie ogółem | | | | | | | | |  | Personel zatrudniony przy produkcji wyrobów Ex | | | | | | | | | | | | |  | | |  | |
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| Zasoby techniczne: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Podzlecanie procesów: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| tak | | | | | | | | |  | nie | | | | | | | | | | | |  | |  | | | |
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| *Jeżeli „tak”, należy określić, jakie procesy są podzlecane:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Korzystanie z konsultacji w odniesieniu do systemu zarządzania: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| tak | | | | | | | | |  | nie | | | | | | | | | | | |  | |  | | | |
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| *Jeżeli „tak”, należy podać imię i nazwisko konsultanta:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Oświadczenie Wnioskodawcy | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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.\* * 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* Niepotrzebne skreślić | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | /Imię, nazwisko, pełniona funkcja/stanowisko/ | | | |  | | | /podpis/ | | | | | | |  | | | /data/ | | | | | | | | |  |
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| Zgłoszenie wyrobu pismem zlecającym | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | */Nr pisma/* | | | |  | | | /Imię, nazwisko zlecającego/ | | | | | | |  | | | /data/ | | | | | | | | |  |
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| Rejestracja wniosku (wypełnia jednostka notyfikowana/certyfikująca): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Wniosek nr** | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |
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