



STQC Certification Services
Factory Quality Management
System

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ANNEXURE - 'A'

MANUFACTURER QUALITY SYSTEM QUESTIONNAIRE

- 1.0 MANUFACTURER'S REGISTERED/BRAND NAME AND
FACTORY
- LOCATIONS:
- TELEPHONE:
- TELEFAX:
- TELEX:
- E MAIL:
- DIRECTIONS FOR REACHING THE FACTORY (NEAREST RAILWAY
STATION, AIRPORT, ATTACH PHOTOCOPY OF LOCAL MAP (IF
POSSIBLE))
- 2.0 MANUFACTURER'S OFFICE ADDRESS
(IF DIFFERENT FROM ABOVE)
- TELEPHONE:
- TELEFAX:
- TELEX:
- E-MAIL:
- 3.0 APPLICANT'S NAME AND ADDRESS (LICENCE HOLDER):
(IF DIFFERENT FROM ABOVE)
- TELEPHONE:
- TELEFAX:
- TELEX:
- E-MAIL:
- 4.0 GIVE THE NAME, DEPARTMENT AND OFFICE ADDRESS OF THE
CONTACT PERSONS LOCATED IN THE FACTORY AND THE



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MANAGEMENT REPRESENTATIVE RESPONSIBLE FOR PRODUCT CERTIFICATION.

CONTACT PERSON IN FACTORY FUNCTION:

DEPUTY CONTACT PERSON IN FACTORY FUNCTION:

MANAGEMENT REPRESENTATIVE FUNCTION:

NOTE: - THIS MANAGEMENT REPRESENTATIVE MAY BE LOCATED OUTSIDE THE FACTORY e.g. AT THE HEAD OFFICE

5.0 APPROXIMATE TOTAL NUMBER OF EMPLOYEES IN THE FACTORY AND SIZE RELATED TO THE EXTENT OF THIS APPLICATION:

6.0 SPECIFY WHICH COMPONENTS ARE PURCHASED FROM OUTSIDE SUPPLIERS SUCH AS SWITCHES, LAMP HOLDERS, CORDSETS, MOTORS, TRANSFORMERS, SUB-ASSEMBLIES OR PARTS OF COMPONENTS SUCH AS SPRINGS, CONTACTS, ETC.,

7.0 DESCRIBE THE SYSTEM WHICH THE MFR PROPOSES TO UTILIZE TO DEMONSTRATE COMPLIANCE WITH THE FOLLOWING ITEMS OF DOC SCS/DO2

PROVIDE CROSS REFERENCE TO DOCUMENTED QUALITY SYSTEM IN OPERATION AND QUALITY PLAN FOR EACH PRODUCT LINE, AND ENCLOSE ONE COPY OF DOCUMENTS.

A) INCOMING GOODS INSPECTION



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CERTIFICATE OF CONFORMITY

B) PRODUCTION LINE INSPECTION AND ROUTINE TESTS

C) QUALITY CONTROL AND SELECTED TYPE TESTS

D) NON CONFORMING PRODUCTS

E) INTERNAL QUALITY SYSTEM AUDIT



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F) CHANGES TO CERTIFIED PRODUCT

G) TEST EQUIPMENT CALIBRATION

Signatures with name

Designation

Date
