



Perry Johnson Registrars, Inc.

## Client Profile / Questionnaire

Please provide the information requested in the spaces below and submit to PJR promptly. Please include any additional descriptive information about your organization, such as corporate brochures, annual report, organization charts, etc.

<b>ORGANIZATION NAME</b>	
Name as it would appear on Certificate of Registration, if different	Facility name, if different
<b>MANAGEMENT REPRESENTATIVE</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE, PROVINCE</b>	
<b>ZIP, POSTAL CODE</b>	
<b>COUNTRY</b>	
<b>PHONE</b>	
<b>FAX</b>	
<b>E-MAIL</b>	
<b>BUSINESS SCOPE</b> (Outline what your company does in detail. Attach a separate sheet if necessary.)	
Does this activity take place on-site at your location?	Please circle: Yes or No
If not, where does this activity take place? Please list all addresses where activities currently take place.	
<b>SIC</b> (Please list PRIMARY CODE* FIRST.)	
<b>NO. OF EMPLOYEES</b>	
<b>NO. OF SHIFTS</b>	
<b>NO. OF PRODUCTION LINES</b>	

*\*The primary SIC code is defined as the SIC code associated with the main (primary) activity of your organization. For example, if your company manufactures a product and distributes this product, the manufacturing code is the primary code.*

What is the primary language(s) spoken in your organization? \_\_\_\_\_

What language(s) is/are your documentation written in? \_\_\_\_\_

Which standard are you currently registered to? \_\_\_\_\_

What is the expiration date on your current certificate? \_\_\_\_\_

Which audit surveillance schedule are you currently on? \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual

What was the date of your last surveillance audit? \_\_\_\_\_

Which surveillance number (1-3 or 1-6) was your last audit? \_\_\_\_\_

When was the date of the last FULL SYSTEM Audit? (All elements audited) \_\_\_\_\_

QS-9000 clients:

Are you on currently on probation? Yes No

Have you been on probation in the last 18 months? Yes No

Are you currently on any of the following:

Ford Q-1 Revocation Yes No

Daimler-Chrysler Needs Improvement (Quality rating only) Yes No

General Motors New Business Hold Quality Yes No

Do you have other facilities? Yes No

If yes, do these other facilities supply any information that is required for certification of this facility? (Design, for example.) Please specify and provide addresses.

If yes, are internal audits and management reviews performed by HQ? Yes No

Question	Yes	No	Comments
Does this facility conform to any Supplier Quality Assurance, legal or regulatory body requirements? Please provide details.			
Is the Quality System documented by a controlled Quality Manual?			
Has Quality Management System documentation been distributed internally?			
Are you responsible for the development and/or modification of designs for your products or services?			
Do you have records reflecting at least one full cycle of internal audits?			
Do you have records reflecting at least one management review?			
Have you utilized the services of a consultant to implement your Quality Management System? If so, please give details.			
If you have not utilized the services of a consulting agency, do you have plans to?			
If you know the name of the agency you will utilize, please list: _____			
If you do not know the name of the agency, please notify your scheduler when you make your decision.			

Question	Yes	No	Comments																		
<p>Standard (s) to be transferred:</p> <p>If you are applying for QS-9000, do you have supplier codes for Ford, GM or Daimler Chrysler? If so, please list:</p> <p>Ford: _____ GM: _____ Daimler Chrysler: _____</p> <p>If you are applying for QS-9000 and do not have any supplier codes, please check here: <input type="checkbox"/></p> <p>Check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> ISO 9000</td> <td><input type="checkbox"/> OHSAS 18001</td> <td>Check all that apply:</td> </tr> <tr> <td><input type="checkbox"/> QS 9000</td> <td><input type="checkbox"/> QS/TE 9000</td> <td><input type="checkbox"/> 1994 Standard</td> </tr> <tr> <td><input type="checkbox"/> TL 9000</td> <td><input type="checkbox"/> ISO/IEC Guide 25</td> <td><input type="checkbox"/> 2000 Standard</td> </tr> <tr> <td><input type="checkbox"/> AS9100</td> <td></td> <td><input type="checkbox"/> Upgrade</td> </tr> <tr> <td><input type="checkbox"/> AS9100B: 2004</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ISO 14001</td> <td>Other: _____</td> <td></td> </tr> </table> <p>What accreditation marks are sought on the certificate?</p>				<input type="checkbox"/> ISO 9000	<input type="checkbox"/> OHSAS 18001	Check all that apply:	<input type="checkbox"/> QS 9000	<input type="checkbox"/> QS/TE 9000	<input type="checkbox"/> 1994 Standard	<input type="checkbox"/> TL 9000	<input type="checkbox"/> ISO/IEC Guide 25	<input type="checkbox"/> 2000 Standard	<input type="checkbox"/> AS9100		<input type="checkbox"/> Upgrade	<input type="checkbox"/> AS9100B: 2004			<input type="checkbox"/> ISO 14001	Other: _____	
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<input type="checkbox"/> AS9100		<input type="checkbox"/> Upgrade																			
<input type="checkbox"/> AS9100B: 2004																					
<input type="checkbox"/> ISO 14001	Other: _____																				
<p>When is the anticipated timeframe for transfer of certification? _____ Immediately _____ Within 90 days</p>																					

COMPLETED BY:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

RETURN TO:

*Perry Johnson Registrars, Inc.*

*26555 Evergreen Road, Suite 1340*

*Southfield, MI 48076*

*or fax to (248) 358-0882*

### MULTIPLE FACILITY DESCRIPTION

	Facility Name	Address	No. of Emp.	No. of Shifts	Desired Standard	Scope of Activity	SIC
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							