



PRELIMINARY INFORMATION ENQUIRY

1 GENERAL INFORMATION

Name of the Manufacturer/Company to be Assessed _____

Address of the Manufacturer/Company to be assessed _____

Telephone _____ Fax _____ Email _____

Number of sites to be in Certification Scope (attach separate sheet with individual addresses).

2 CERTIFICATION ISSUED BY OTHER ORGANISATIONS/BODIES

If yes, specify the following:

Type of Certification (Standard)	Certification Body	Date of Issue	Date of expiry

3 INFORMATION TO SUPPORT APPLICATION FOR ASSESSMENT

3.1 The standard(s) for which certification is requested, delete as applicable:

ISO 3834 Part 2 Part 3 Part 4

3.2 Description of the Manufacturer's organisation structure, with specific details of those parts of the organisation involved in welding related activities. Functions and number of persons to be indicated and an organisation chart attached. Please also complete Appendix 1. If different sites are to be assessed, identify each site as well as the central functions.

Total number of persons in company:

Function (Location)	Total number of persons	Number of persons involved in welding activities

Continue on a separate sheet if necessary

3.3 a) Type(s) of product(s) welded

b) Type of production

Individual products (by project) Standard products

3.4 List welding related services provided to outside companies

3.5 Standards and/or specifications applied

List product standards and/or specifications used:

Standards used for welder approval:

Standards used for welding procedure approval:

3.6 Maximum weight and size of product the Manufacturer is able to handle:

Maximum weight _____

Maximum size _____

3.7 Parent materials welded (reference to the relevant groups of the CEN ISO/TR 15608 should be made) and related thickness ranges

Parent material	Thickness range		Parent material	Thickness range

3.8 Welding and welding allied processes used by Manufacturer

Welding Process

Allied Processes (eg surfacing, brazing, adhesive joining, NDT, heat treatment)

_____	_____
_____	_____
_____	_____
_____	_____

3.9 Use of Post Weld Heat Treatment

Yes No

3.10 Activities generally subcontracted

3.11 Organisation and index of welding co-ordination procedures

3.12 Installation

Is installation work carried out at the customer's site?

Yes

No

4 **FORMAL CONTACT WITH TWI CERTIFICATION LTD**

Manufacturer contact person and function:

Address _____

Telephone _____ Fax _____ Email _____

Date _____ Manufacturer Manager _____

Name _____

Signature _____

General note: Please attach additional sheets, referenced with correct item number if more space is required for any of the above items.

When completed, please return the form to the address below:

Mrs C J McGrath
TWI Certification Ltd
Granta Park
Great Abington, Cambridge CB21 6AL

APPENDIX 1 – (MUST BE COMPLETED)**Welding Co-ordination (BS EN ISO 14731:2006)**

Operation	Responsible Person (By title and name)	Comments
Responsible Welding Co-ordinator		
Responsible Welding Co-ordinator		
Responsible Welding Co-ordinator		
Contract Review		
Design Review		
Parent Materials		
Welding Consumables		
Subcontractor Assessment		
Production Planning – Manufacturing Sequence		
Production Planning – Inspection Plans		
Welding Engineering - WPS/WPAR		
Welding Engineering – Welder Qualification		
Production Planning – Welding Methods		
Welding Operations		
Inspection (Visual, Dimensional, NDT)		
Quality Control		
Documentation		

Additional comments may be included in needed to give further clarification of this job function.