

GC directory

Initial Basicdata to be filled in by the customer:

Company Name:

Managing Director/ Owner:

DQS Registration No.:

Location:

Phone:

Email:

Scope:

Products:

Number of employees:

Number of shifts:

Type of GC requested:

Existing certifications:

(e.g. 9001, 14001, 18001, ...)

Required documentation depending on the GC-Mark program (to be determined between customer and DQS):

Documentation required:

- 1 MD Self declaration (policy)
- 2 Process descriptions
- 3 Relevant product standards
- 4 Relevant test standards
- 5 Test results
- 6 Laboratory evidence
- 7 Management system evidence
- 8 Definition of product type
- 9 Clarification of intended use
- 10 Legal requirements
- 11 Audit report

Documentation is available:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
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| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Applicable |
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