

## Appendix B

Details on all sites covered by the same quality management system



Manufacturer:





Application identification:



Product Service

### Details on all sites included in the certification scope covered by the same quality management system (should appear on certificate)

	Management/ Administration	Regulatory Affairs	Design / Development	Production	Final inspection and testing	
Company name: <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/> Tel.: <input type="text"/> Email: <input type="text"/> Products: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company name: <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/> Tel.: <input type="text"/> Email: <input type="text"/> Products: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company name: <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/> Tel.: <input type="text"/> Email: <input type="text"/> Products: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company name: <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/> Tel.: <input type="text"/> Email: <input type="text"/> Products: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company name: <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/> Tel.: <input type="text"/> Email: <input type="text"/> Products: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company name: <input type="text"/> Address: <input type="text"/> Contact: <input type="text"/> Tel.: <input type="text"/> Email: <input type="text"/> Products: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	