	<h2 style="margin: 0;">SELF-ASSESSMENT QUESTIONNAIRE</h2> <p style="margin: 0;">(The filled in questionnaire is confidential)</p> <p style="text-align: right; margin: 0;">Page 1 of 2</p>
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The aim of this questionnaire is to collect preliminary information concerning the licensing applicant and its capability to perform the partitioning and packing activity.

The questionnaire filled in with the relevant information and its appendices is a **confidential document** and it is used by the RAR-OCP personnel in the activity of assessing the provider’s capability to perform the partitioning and packing activity.

**1 GENERAL INFORMATION**


- 1.1 Name of the licensing applicant .....
- 1.2 Address of the partitioning and packing premise(s): .....
- .....
- 1.3 Name of the General Manager: .....
- 1.4 Name of the Management representative: .....
- 1.5 Organization size – total no. of employees: .....
- 1.6 Previously opened licensing files / Previously obtained Licenses: .....

**2 THE PRODUCTS FOR WHICH THE LICENSING IS REQUIRED**

- 2.1 Product name / Product group:.....
- 2.2 Type:.....
- .....
- 2.3 Producer / Brand:.....
- .....
- 2.4 License holder: .....
- 2.5 Number of the certificate of conformity:.....
- 2.6 Normative documents for the product/product group:.....
- .....
- 2.7 Term of guarantee/validity: .....

**3 DATA REGARDING THE PARTITIONING AND PACKING PROCESS**

- 3.1 Packaging type and material:.....
- 3.2 Packaging nominal capacity / nominal volume: .....
- 3.3 Number of tanks and their capacity:.....
- 3.4 Number of partitioning and packing installations:.....
- 3.5 Enclose the List of working tools and measurement and control devices:.....
- 3.6 Mention the partitioning and packing process stages:.....
- .....
- .....
- 3.7 Mention the manner of checking the pre-packed exploitation material batches and the acceptance criteria? .....
- .....
- 3.8 What are the subcontracted activities and which are the agreed providers for these activities? .....
- .....
- .....
- 3.9 Mention the manner of dealing with the noncompliant products: .....
- .....

	<p><b>SELF-ASSESSMENT QUESTIONNAIRE</b> (The filled in questionnaire is confidential)</p> <p style="text-align: right;">Page 2 of 2</p>
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4 DOCUMENTATION

- 4.1 Which are the positions which have the responsibility and authority for **checking the documents**?  
.....
- 4.2 Which are the positions which have the responsibility and authority for **checking the records**?  
.....
- 4.3 Enclose the list of procedures, work instructions and used forms.

5 QUALITY MANAGEMENT

- 5.1 Does the organization disposes of a quality management system? YES      NO  
If YES – mention the referential: .....
- 5.2 Is the quality management system certified? YES      NO  
If YES – mention the certification body, the referential and the validity term: .....

**APPENDICES:** ..... folios

**FILLED IN BY:**

Name: .....

Signature: .....

Date: .....