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Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 5, November 2020



Please tick the certification(s) that you are interested in gaining:

**BS EN ISO 3834**

**BS EN 15085**

**BS EN 1090-1**

If applying for BS EN 15085, please indicate whether your company requires membership to the Online-Register Railway Vehicles. Please note there will be additional requirements and fees, see [www.en15085.net](http://www.en15085.net).

**1 General Information**

Name of the Manufacturer/Company to be assessed:

Address of the Manufacturer/Company to be assessed:

Telephone:

Email:

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

**2 Certification Issued by Other Organisations**

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, tick as applicable:

BS EN ISO 3834	Part 2	Part 3	Part 4		N/A
BS EN 1090-2	EXC 4	EXC 3	EXC 2	EXC 1	N/A
BS EN 1090-3	EXC 4	EXC 3	EXC 2	EXC 1	N/A
BS EN 1090-4	EXC 4	EXC 3	EXC 2	EXC 1	N/A
BS EN 1090-5	EXC 4	EXC 3	EXC 2	EXC 1	N/A
BS EN 15085	CL1	CL 2	CL 3	CL 4	N/A

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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 and production activities

Continue on a separate sheet if necessary.

3.3 Products/applications

a) Type(s) of product(s) manufactured using welding:

b) Industrial application for the manufactured product:

c) Type of production:

Individual products (by project)

Standard products

3.4 Standards and/or specifications applied

List product standards and/or specifications used:

Standards used for welder approval:

Standards used for welding procedure approval:



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### 3.12 Welding Co-ordination Personnel

#### 3.12.1 Responsible Welding Co-ordinator

Full Name:

Date of Birth:

\* Qualifications:

\*Welding qualifications:

Required Level (as defined by BS EN ISO 14731):

Is the Responsible Welding Co-ordinator subcontracted? Yes    No

If yes does the subcontracted Co-ordinator, act as a Responsible Welding Co-ordinator for other companies? Yes    No

If yes, please indicate number:

#### 3.12.2 Deputy Responsible Welding Co-ordinator (for BS EN 15085 applications)

Full Name:

Date of Birth:

\* Qualifications:

\*Welding qualifications:

Required Level (as defined by BS EN ISO 14731):

#### 3.12.3 Additional Deputy Responsible Welding Co-ordinator (for BS EN 15085 applications)

Full Name:

Date of Birth:

\* Qualifications:

\*Welding qualifications:

Required Level (as defined by BS EN ISO 14731):

\*Please enclose copies of qualifications and relevant training and a CV for all RWC's and Deputy RWCs.

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3.13 Welders

Please supply a current \*Welder Qualification Register - If you do not have a register please provide the general information below

\* (Please note that this will be required as part of the Assessment):

No. of Welders	Qualification Code	Additional relevant information

3.14 Welding Inspection and NDT Inspection Staff:

Name/Number of NDT Staff	Discipline	Qualification	Name/Number of Inspection Staff	Qualifications

Please use separate sheet to list further inspection staff.

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3.15 Do you have a WPQR/WPS Register?

Yes No

(Please note this will be required at the time of the assessment)

3.16 Forming, Machining and Cutting Facilities and Processes:

Type	Thickness Range	Type	Thickness Range
Air arc		Grinding	
Oxy/fuel – hand		Blasting (shot etc.)	
Gantry N/C / CNC		Pressing	
Plasma		Folding	
Light weight tractor m/c		Rolling, cold	
Edge planing/milling		Rolling, hot	
Shearing		Nibbling	
Sawing		Disc cutting	
Other			

3.17 NDT Facilities:

Type	Yes/No	Subcontract Y/N	Onsite/Offsite
X-ray			
Gamma ray			
Ultrasonic			
Magnetic Particle			
Dye Penetrant			

3.18 Heat Treatment Facilities:

	Onsite/Offsite	Furnace (Capacity)	Subcontract Y/N
Stress relief			
Normalising			
Other (specify)			

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### Formal Contact with TWI Certification Ltd

Company Contact Name:

Job Title:

Address:

Telephone:

Email:

Date:

Manufacturer Manager:

**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:

Company Certification  
TWI Certification Ltd  
Granta Park  
Great Abington,  
Cambridge  
CB21 6AL

**Email:** [companycertification@twi.co.uk](mailto:companycertification@twi.co.uk)

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**APPENDIX 1 – (Must be completed)**

Welding Co-ordination (BS EN ISO 14731)

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 if needed to give further clarification of this job function.

\* Please provide an organisation chart detailing the RWC's position.