

CCCM	CONTROL MANUAL	Page 1 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023



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.

If requiring CE marking and/or CE (UKNI) marking for exporting into Europe and require a EU Factory Production Control Certificate please tick the box

1 General Information

Name of the Manufacturer/Company to be assessed:

Address of the Manufacturer/Company Head Office: |

Telephone:

Email:

Addresses of sites to be in Certification Scope:

Site 1: |

Site 2 (if required): |

Site 3 (if required): |

Site 4 (if required): |

2 Certification Issued by Other Organisations

If yes, specify the following:

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

CCCM	CONTROL MANUAL	Page 2 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023

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	<input type="checkbox"/>	Part 3	<input type="checkbox"/>	Part 4	<input type="checkbox"/>		
BS EN 1090-2	EXC 4	<input type="checkbox"/>	EXC 3	<input type="checkbox"/>	EXC 2	<input type="checkbox"/>	EXC 1	<input type="checkbox"/>
BS EN 1090-3	EXC 4	<input type="checkbox"/>	EXC 3	<input type="checkbox"/>	EXC 2	<input type="checkbox"/>	EXC 1	<input type="checkbox"/>
BS EN 1090-4	EXC 4	<input type="checkbox"/>	EXC 3	<input type="checkbox"/>	EXC 2	<input type="checkbox"/>	EXC 1	<input type="checkbox"/>
BS EN 1090-5	EXC 4	<input type="checkbox"/>	EXC 3	<input type="checkbox"/>	EXC 2	<input type="checkbox"/>	EXC 1	<input type="checkbox"/>
EN 15085 (FUS)*	CL 1	<input type="checkbox"/>	CL 2	<input type="checkbox"/>	CL 3	<input type="checkbox"/>		
EN 15085 (FSW)*	CL 1	<input type="checkbox"/>	CL 2	<input type="checkbox"/>	CL 3	<input type="checkbox"/>		
ECWRV		<input type="checkbox"/>						

* If EN 15085 is required please answer 3.1.1

3.1.1. Types of activities performed:

D - Design P - Production M – Maintenance S - Purchase & Supply

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:

CCCM	CONTROL MANUAL	Page 4 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023

3.7 Allied Processes (eg, NDT, heat treatment)

3.8 Use of Post Weld Heat Treatment:

Yes No

3.9 Activities generally subcontracted:

3.10 Organisation and index of welding co-ordination procedures:

3.11 Installation

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

Yes No

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:

CCCM	CONTROL MANUAL	Page 5 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023

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.

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

CCCM	CONTROL MANUAL	Page 6 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023

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.

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			
Sawing			
Other			

3.17 NDT Facilities:

Type	Y/N	Subcontract Y/N	Onsite/Offsite
X-ray	Choose:	Choose:	Choose:
Gamma ray	Choose:	Choose:	Choose:
Ultrasonic	Choose:	Choose:	Choose:
Magnetic Particle	Choose:	Choose:	Choose:
Dye Penetrant	Choose:	Choose:	Choose:

CCCM	CONTROL MANUAL	Page 7 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023

3.18 Heat Treatment Facilities:

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

Formal Contact with TWI Certification Ltd

Company Contact Name:

Job Title:

Address:

Telephone:

Email:

Date:

Manufacturer Manager:

Signature: _____

General Notes:

All assessments and documentation must be in English.

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

Please notify TWI Certification Ltd of any products, processes or activities (e.g. safety conditions or security requirements) in place that may affect our visit or assessment of the company.

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

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

Email: Company@twicertification.com

Tel: 01223 940493

CCCM	CONTROL MANUAL	Page 8 of 8
Form F01/CCCM	Preliminary Information Enquiry/Application Form	Rev 6, May 2023

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.

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