

N°			
RECEPTION	<input type="checkbox"/> Telephone	<input type="checkbox"/> Paper	<input type="checkbox"/> Email

SUBJECT: INTERNAL EXTERNAL SUPPLIER

External Subject	
NAME	SURNAME
TELEPHONE	EMAIL
VAT number	RAG. SOCIAL
Consent to be contacted	<input type="checkbox"/> YES <input type="checkbox"/> NO

Internal subject	
NAME	SURNAME
SECTOR	

REFERENCE SECTOR	
<input type="checkbox"/> Direction	<input type="checkbox"/> Human Resources (personnel and auditors)
<input type="checkbox"/> Administration	<input type="checkbox"/> Certification process

DESCRIPTION

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DATE	SIGNATURE
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Space reserved for Autenticert San Marino

ROOT CAUSE ANALYSIS

CORRECTIVE ACTION/PROPOSED CORRECTION

DATE	SIGNATURE
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