

Product Certification Unit,
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## PRODUCT CERTIFICATION QUESTIONNAIRE FOR INTERNAL (FE CERTIFICATION) **USE ONLY** Enquiry Taken By: **Enquiry Date:** Method of Enquiry: Email Telephone Fax [ A. APPLICANT INFORMATION 1. Name and address of applicant: Company/Business Registration No.: Contact Person: Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ 2. Name and address of Factory/Manufacturer (if different from A1): Company/Business Registration No.: Contact Person: Tel: \_\_\_\_\_ Fax: \_\_\_\_ If the company is registered with MTIB, please state TS No., category and license validity TS: \_\_\_\_\_\_ License validity date: \_\_\_\_\_

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3.	Particulars of Certification currently held by the manufacturer, if any (including Quality System Certification)	FOR INTERNAL USE ONLY
4.	Do you have other production sites which would be included within this certification application?  If yes, please provide details.	
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В.	PRODUCT INFORMATION	
	lease provide information as listed below. Attach supplementary sheets if space provided is fficient.)	
1.	Product Name:	
2.	Type (s):	
3.	Requirement for product certification scheme (please attach procedures/work instruction/flowchart/etc):	
	Organisation chart	
	Quality planning (quality objective, mission, vision)	
	Personnel (training, Job description)	
	Control of non-conformance report	
	Process flow (work instruction on related process)	
	Product Inspection and Testing on Formaldehyde Emission	
	Control of monitoring and measuring equipment	
	Control of documented information	
	Corrective Action	
	Identification and Traceability	
Em	te: Complete documents as stated in the product standard [Product Certification on Formaldehyde nission from Wood Based Panel Standard (MTIB-CB-PS 02)] in clause 7 (7.1-7.9) are important to ensure that company is eligible to participate in our certification scheme.	

C. FACTORY INFORMATION	FOR INTERNAL			
1. No. of employees:  2. Estimated monthly output of product to be certified (quantity):  3. No. of shifts per day:				
4. Quality Control / Quality System (Yes / No)				
D. DECLARATION				
D. DEGLARATION				
This is to certify that the information /statement given in this questionnaire are correct to my knowledge.				
Signature:	Date:			
Name of authorised representative:	Designation:			
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