|  |  |
| --- | --- |
| Uwaga: formularz prosimy wypełnić zgodnie z Państwa wnioskiem (odpowiednie części formularza dla wnioskowanych norm/wymagań). W przypadku części formularza, które Państwa nie dotyczą proszę wpisać „nie dotyczy” i tej części formularz proszę nie drukować.*Note: please fill in the form in accordance with your proposal (for the relevant parts of the proposed standards / requirements). In the case of parts of the form that you do not concern please enter "not applicable" and this part of the form please do not print.* | Data / *Date:* 23.04.2018 |
| **Pełna nazwa organizacji /** *Full company name:* |  |
| Osoba do kontaktu (tytuł, imię i nazwisko) / *Contact person (title, first and last name):* |       |
| Funkcja / *Funktion:*  |       |
| Numer telefonu / *Phone:* |       |
| Ulica / *Street:* |       |
| Kod pocztowy / Miasto / Województwo / Państwo*Postal code / City / Province / Country:* |       |
| E-Mail: |       |
| Adres strony internetowej / *Homepage:* |       |
| NIP / *VAT Reg. No:* |       |
| Wniosek dotyczy certyfikacji zgodnie z normą: / *Certification requested according to these standards/specifications:* | [ ]  ISO 9001:2015[ ]  ISO 14001:2015[ ]  ISO/IEC 27001 (patrz dodatkowy formularz)[ ]  ISO 45001 | [ ]  OHSAS 18001[ ]  PN-N 18001[ ]  IATF 16949 (plus aneks A)[ ]  ISO 50001 (plus aneks B) | [ ]  EMAS[ ]       [ ]       [ ]        |
| Certyfikacja z akredytacją/ *Current accredited certifications:* | [ ]  PCA (ISO 9001, 14001, EMAS, PN-N 18001) [ ]  DAkkS (ISO 9001, 14001, 50001, BSOHSAS 18001)[ ]  bez akredytacji dla normy: / Without accreditation for standard:       |
| Posiadane certyfikaty / *Current certifications*[ ]  Patrz załączone certyfikaty / see attached certificate(s): | [ ]  ISO 9001:2008[ ]  ISO 9001:2015[ ]  ISO 14001:2004[ ]  ISO 14001:2015 | [ ]  OHSAS 18001[ ]  PN-N 18001[ ]  ISO/TS 16949[ ]  IATF 16949 | [ ]  ISO 50001[ ]  EMAS[ ]       [ ]        |
| Obecna jednostka certyfikująca / *Current certification body:* |       |
| Zapytanie dotyczy auditu transfertu lub przeniesienia certyfikatu(ów)? / *Transfer or transition audit desired?* |       |
| Zakres działalności organizacji / *Company scope:* |       |
| Produkty i/lub usługi / *Products and/or services:* |       |
| Sektor branżowy klienta / Klienci / *Customers business sectors / clients:* |       |
| Istotne aspekty środowiskowe / *Significant environmental aspects* |       |
| Zagrożenia na stanowiskach pracy / *Occupational hazards* |       |
| Lokalizacje / obszar działalności / Site/company area[ ]  proszę wypełnić aneks C / please fill in the attachment C: |            |
| Liczba lokalizacja tymczasowych(sezonowych) / *Number of temporary sites:* |       |
| Struktura personalna (proszę załączyć schemat organizacyjny) / *Structure of employees (please attach an organizational chart)* |
| Całkowita liczba osób prowadzących działalność związaną z zakresem certyfikacji (pracownicy etatowi, personel sezonowy, tymczasowy, kontraktowy) w przeliczeniu na pełny etat/ *Total no. of employees related to certification scope:* |       |
| Komentarz do struktury zatrudnienia / *Comment to employee structure:*  |       |
| Dokumentacja systemu zarządzania jest w języku: */ Documentation of the management system is in the language:* |       |

W przypadku organizacji wielooddziałowych proszę wypełnić dodatkowo **aneksC /** *In the case of multi-site, please fill an additional* ***Annex C***

|  |  |  |  |
| --- | --- | --- | --- |
| Liczba pracowników pracujący w systemie zmianowym*/ No. of employees working shifts::* |       | Ilość zmian / No. of shifts: |       |
| **Godziny pracy**/ *Work hours* | Administracja/*Administration* | Produkcja 1 zmiana/*Production shift 1* | Produkcja 2 zmiana/*Production shift 2* | Produkcja 3 zmiana/*Production shift 3* | Produkcja 4 zmiana*Production shift 4* |
| **Rozpoczęcie** / *Start:* |       |       |       |       |       |
| **Zakończenie** / *End* |       |       |       |       |       |
| Liczba pracowników zatrudnionych w/ *No. of employees on:* |       |       |       |       |       |
| Struktura procesów (proszę załączyć mapę procesów)/ *Structure of processes (please attach a process’ map)* |
| Procesy główne / Core processes: |       |
| Procesy zewnętrzne / *Outsourced processes:* |       |
| Działalność poza siedzibę / *Offsite activities:* |       |
| Projektowanie / Rozwój / *Design / Development:* | [ ]  Tak / Yes[ ]  Nie /no | Odpowiedzialność za zwolnienie produktu / *Responsibility for products authorization* | [ ]  Tak / Yes[ ]  Nie / no |
| Network & inne / *Network & miscellaneous*  |
| Przynależność do koncernu, stowarzyszeń branżowych/ *Membership of industry associations, group affiliation:* |       |
| Konsultant (Nazwa firmy, nazwisko konsultanta *z ostatnich 2 lat)*/ *Cubsulting (name, surname from last 2 years):* |       |
| Czy są potrzebne środki ochrony indywidualnej (PPE)? / *Personal protective equipment (PPE) necessary?* | [ ]  Tak / *Yes*[ ]  Nie / *no* | Będą zapewnione przez auditowanego / *Will be provided by auditee* [ ]  |
| Informacje dodatkowe / Uwagi Informacje dodatkowe / Uwagi *Additional information / Remarks:* |       |
| **Jeżeli dotyczy/** **gdy system zarządzania jest zintegrowany, prosimy o zaznaczenie odpowiednich elementów systemu zarządzania/** |
|  *If applicable / if the management system is integrated please select the relevant elements of the management system:* | Tak / *Yes* | Nie */ No* |
| 1. Zbiór zintegrowanej dokumentacji, w tym instrukcje robocze, na dobrym poziomie rozwoju, jeśli to właściwe / *An integrated documentation set, including work instructions to a good level of development, as appropriate* | [ ]  | [ ]  |
| 2. Przeglądy zarządzania, w których uwzględnia się ogólną strategię biznesową i plan / *Management reviews that consider the overall business strategy and plan* | [ ]  | [ ]  |
| 3.Zintegrowane podejście do auditów wewnętrznych / *An integrated approach to internal audits* | [ ]  | [ ]  |
| 4. Zintegrowane podejście do polityki i celów / *An integrated approach to policy and objectives* | [ ]  | [ ]  |
| 5. Zintegrowane podejście do procesów systemów / *An integrated approach to systems processes* | [ ]  | [ ]  |
| 6. Zintegrowane podejście do mechanizmów doskonalenia (działania korygujące i zapobiegawcze; pomiary i ciągłe doskonalenie) / *An integrated approach to improve mechanisms, (corrective and preventive action; measurement and continual improvement)* | [ ]  | [ ]  |
| 7. Zintegrowane wsparcie i odpowiedzialności kierownictwa / *Integrated management support and responsibilities.* | [ ]  | [ ]  |
| 8. inne, jakie: / *other, please specify*: | [ ]  | [ ]  |

|  |  |
| --- | --- |
| Język sprawozdania z auditu DQS/ *language report* | [ ]  polskim/*Polish*[ ]  angielskim/*English*[ ]  inny, jaki */* *other, which*      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
|       |       |
| podpis auditowanego */company signature* | data, podpis auditora DQS*/date, DQS auditor signature* |

|  |
| --- |
| DQS internal use only / |
| Osoba do kontaktu w DQS/*DQS Contact person*  | Nazwisko |       |
| Biuro / *Büro* |       |
|  | Email |       |
|  | telefon / *Telefon* |       |
| Ref. No. / *AZ:*  |       |

**Aneks A – dotyczy auditów zgodnie z IATF 16949 /
*Annex A – for application of IATF 16949 certification***

|  |  |
| --- | --- |
| **AUTOMOTIVE IATF 16949 specyficzne dane / *specific data*** |  |
| Zmiany dotyczące zakresu obowiązywania są wymagane / *Changes required to the current scope?*  | [ ]  Tak*/yes* [ ]  Nie / *no*  | Szczegóły / *Detail:*       |
| Schemat korporacyjny / *Corporate Scheme*? | [ ]  Tak/*yes* [ ]  Nie / *no* | Należy dostarczyć dowody potwierdzające, że firma funkcjonuje w systemie korporacyjny i że wszystkie lokalizacje są objęte certyfikacją DQS np.: mapa procesów, schemat organizacyjny, itd. zgodnie z Rules 5.3 wydanie 5 z 01.11.2016 / *Provide evidence that the company operates in the corporate system and that all locations are covered by a DQS certification eg process map, organization chart, etc. according to Rules 5.3 Issue 5 of 01.11.2016* |
| Język stosowany w lokalizacji / *Languages used on site:* |  | Podstawowy/*Primary:*      Drugi/*Secondary:*      Inny/*Other:*       |
| Schemat korporacyjny/ Corporate Scheme | [ ]  Tak/yes [ ]  Nie / no | Jezeli tak, proszę wypełnić kompletnie Aneks A1 /If yes, please complete Annex A1  |
| Dodatkowe *Remote Locations (RL), które wpierają lokalizację produkcyjną / Additional Remote Locations (RL) which support the site* | [ ]  Tak/yes [ ]  Nie / no | Jeżeli tak, proszę kompletnie wypełnić Aneks A1/*If yes, please complete Annex A1* |
| Czy lokalizacja produkcyjna wspiera inną lokalizację produkcyjną – czy lokalizacja produkcyjna jest jako RL i jest wymieniona na innym certyfikacie / *Does this manufacturing site support other Sites -is site listed as RL Support to other certificate(s)?*  | [ ]  Tak/yes [ ]  Nie / no  | Jeżeli tak, proszę kompletnie wypełnić Aneks A1*/If yes, please complete Annex A1* |
| Czy lokalizacja produkcyjna jest dostawcą zarówno dla motoryzacji oraz dla rynku niemotoryzacyjnego/ *Does the Site supply both Automotive and Non-Automotive markets?*  | [ ]  Tak/yes [ ]  Nie / no  | Szczegóły/*Detail*:       |
| Czy lokalizacja otrzymała specjalny status w ostatnim cyklu certyfikacyjnym?/ *Has the organization / site been placed on any ‘Customer Special Status’ during the certification cycle?*  | [ ]  Tak/yes [ ]  Nie / no | Szczegóły i dane/*Detail & data:*      Aktualny status/*Current status:*       |
| Znaczące zmiany w organizacji, procesach, produktach lub w zakresie w stosunku do poprzednich auditów i certyfikacji / *Significant changes to organisation, processes, product or scope from previous audits or certification*  | [ ]  Tak/yes [ ]  Nie / no | Szczegóły/*Detail:*       |
| Czy dotychczasowa jednostka certyfikująca zawiesiła /wycofa certyfikat? / *Has the previous Certification Body withdrawn / cancelled the organisations certificate?*  | [ ]  Tak\*/yes [ ]  Nie / no | \*Jeżeli tak, proszę podać szczegóły */ If* Yes: Detail:      Należy przedłożyć dowody zamknięcia wszystkich niezgodności lub przeprowadzić audit specjalny przed zaplanowaniem etapu 1 i 2. etapu auditu / *Evidence of closure of all nonconforities must be supplied or Special audit shall be conducted before Stage 1 & 2 is scheduled.*  |
| Dodatkowe informacje lub komentarz / *Additional information or comments*  |       |

Aneks A1 – powiązania pomiędzy lokalizacjami produkcyjnymi, extended manufacturing sites (EMS) i remote support locations (RL) / *Annex A1 - Interfaces between production sites, extended manufacturing sites (EMS) and remote support locations (RL)*

Proszę wypełnić formularz zgodnie z: jeżeli instalacja jest wspierana przez oddalona loklalizację, wówczas proszę wpisać odpowiednią cyfrę. Na przykład: jeżeli lokalizacja 1 wspiera lokalizacje 2 i 3, wówczas w zakresie „Rozwój produktu”, należy wpisać „20” w pola 1-2 i 1-3 (pierwsza cyfra oznacza wiersz, a druga kolumnę).Proszę zwórcić uwagę, że schemat koncernowy obowiązuje, gdy występuje co najmniej jedna lokalizacja w schemacie wszystkich innych lokalizacji z funkcją „24” (*Zarządzanie system jakości) /
Please complete this sheet following instructions: If a facility provides remote support to other sites for some functions, please complete the respective row. E.g. if site 1 supports sites 2 and 3 with “Product design”, please enter the activity code “20” according to the below legend in the box 1-2 and 1-3 (the 1st digit represents the row & the 2nd digit represents the column). Please note that for a corporate certification scheme to be valid, one facility in the corporate scheme must support all other sites for with function “24” (quality system management) as a minimum.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | BR / *AZ*(if appl.) | Lokalizacja/Site / (Production sites incl. their Extended manufacturing sites; or Remote support locations) | Zatrudnienie/No. of employees  | Auditowana przez DQS/ Audited by DQS? \*  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | … |
| Tak/yes  | Nie/no  | Lok.1 | Lok. 2 | Lok. 3 | Lok 4 | Lok.5 | Lok.6 | Lok.7 | Lok.8 | Lok.9 | Lok.10 | Lok.11 | Lok.12 | Lok.13 | Lok.14 | Lok.15 | Lok.16 | Lok.17 | Lok.18 | Site 19 | EMS 1 | EMS 2 | EMS 3 | EMS 4 | EMS 5 | EMS 6 | RL1 | RL2 | RL3 | RL4 | RL5 | … |
| 1 |       | Site 1 |       | [ ]  | [ ]  | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 2 |       | Site 2 |       | [ ]  | [ ]  |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3 |       | Site 3 |       | [ ]  | [ ]  |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4 |       | Site 4 |       | [ ]  | [ ]  |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5 |       | Site 5 |       | [ ]  | [ ]  |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 6 |       | Site 6 |       | [ ]  | [ ]  |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 7 |       | Site 7 |       | [ ]  | [ ]  |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 8 |       | Site 8 |       | [ ]  | [ ]  |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 9 |       | Site 9 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 10 |       | Site 10 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 11 |       | Site 11 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 12 |       | Site 12 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 13 |       | Site 13 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 14 |       | Site 14 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 15 |       | Site 15 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 16 |       | Site 16 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 17 |       | Site 17 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 18 |       | Site 18 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 19 |       | Site 19 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |       |
| 20 |       | EMS 1 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |       |
| 21 |       | EMS 2 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |       |
| 22 |       | EMS 3 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |       |
| 23 |       | EMS 4 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |       |
| 24 |       | EMS 5 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |       |
| 25 |       | EMS 6 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |       |
| 26 |       | RL1 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |       |
| 27 |       | RL2 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |       |
| 28 |       | RL3 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |       |
| 29 |       | RL4 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |       |
| 30 |       | RL5 |       | [ ]  | [ ]  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | NA |       |
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\* W przypadku odpowiedzi “Nie” proszę załączyć: plan auditu, sprawozdanie z auditu, karty niezgodności i zweryfikowane działania korygujące przez dotychczasowa jednostkę certyfikującą.

*If “No“, please provide latest audit plan, audit report, all findings & corrective actions, & all verification of actions by the other certification body /*

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| *Uznane przez IATF – sformułowania dla funkcji wspierających / Allowable IATF wording for support functions on the certificate*  | 1 | Aftersales / *Obsługa posprzedażna* | 8 | Facilities management / *Zarządzanie infrastrukturą* | 15 | Maintenance / *Utrzymanie ruchu* | 22 | Production equipment development / / *Rozwój wyposażenia technicznego.* | 29 | Servicing / *Serwis* |
| 2 | Calibration / *Kalibracja* | 9 | Finance / *Finanse* | 16 | Management review / *Przegląd zarządzania* | 23 | Purchasing / *Zakupy* | 30 | Strategic planning / *Planowanie strategiczne* |
| 3 | Contract Review / *Przegląd umowy* | 10 | Human resources / *Zasoby Ludzkie* | 17 | Marketing / *Marketing* | 24 | Quality system management / *Zarządzanie system jakości* | 31 | Supplier management / *Planowanie strategiczne* |
| 4 | Continuous improvement / *Ciągłe doskonalenie* | 11 | Information Technology / *Technologia informatyczne* | 18 | Packaging / *Pakowanie* | 25 | Repair / *Naprawy* | 32 | Testing / *Badania* |
| 5 | Customer Service / *Obsługa klienta* | 12 | Internal audit management / *Zarządzania auditami wewnętrznymi* | 19 | Policy making / *Tworzenie polityki* | 26 | R & D / *Badania i rozwój* | 33 | Training / *Szkolenia* |
| 6 | Distribution / *Dystrybucja* | 13 | Laboratory / *Laboratorium* | 20 | Product design / *Projektowanie produktu* | 27 | Sales / *Sprzedaż* | 34 | Warehousing / *Magazynowanie* |
| 7 | Engineering/ *Inżyniering* | 14 | Logistics / *Logistyka* | 21 | Process design / *Rozwój procesu* | 28 | Sequencing / *Sekwencjonowanie* | 35 | Warranty management / Zarządzanie gwarancjami  |
| Dodatkowe informacje lub komentarze/Additional information or comments: |       |

**Aneks C / Proszę uzupełnić załącznik, jeżeli jest więcej niż 1 lokalizacja /** *Attachment C / please attach*

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| **LP** | **Nazwa lokalizacji, adres/***Name of site, adress* | **Centrala/** *Central***Tak/***Yes* **/Nie/** *No* | **Certyfikacja wg norm(y)/***Certification according to the standard (s)* | **Realizowane procesy w lokalizacji** *The processes in location* | **Całkowita liczba zatrudnionych/***The total number of employees* | **Ilość zmian** / *No. of shifts* | Pracownicy zatrudnieni w/*No. of employees in:* | **Uwagi/***Comments* |
| Admiistracja/administration | 1 zmiana/ *shift 1* | 2 zmiana/ *shift 2* | 3 zmiana/ *shift 3* | 4 zmiana/ *shift 4* |
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