



Company name: _____

Office Address: _____

Country: _____

Phone: _____ Fax: _____

E-Mail: _____ Website: _____

1. Industry and type of produced/ delivered products or services

2. Company data

2.1 Management:

Technical: _____

Commercial: _____

2.2 Responsible for:

		Phone extension	E-Mail
Procurement:	_____	_____	_____
R&D	_____	_____	_____
Production	_____	_____	_____
Sales	_____	_____	_____
Customer Service:	_____	_____	_____
Quality:	_____	_____	_____

2.3 Company size:

Current no. Of employees (total): _____

there of in production: _____

there of in quality: _____

ANSWERING THE FOLLOWING QUESTIONS IS REQUIRED IN ORDER TO DECIDE

	Yes	No
3. Further certificates		
3.1. Environmental management system (ISO 14001 or similar)	<input type="checkbox"/>	<input type="checkbox"/>
3.2. Energy management system (ISO 50001 or similar)	<input type="checkbox"/>	<input type="checkbox"/>
3.3. Occupational safety management system (ISO 45001 or similar)	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please add a copy of your certificate.		



4. Information concerning Quality management system			
4.1	Does your company comply with a certified quality management system? If yes, please add a copy of your certificate. In this case you do not need to continue to answer the following questions. If no, please complete the following questions.	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Is there a documented quality management system with appropriate instructions within your quality manual?	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Is there a process to ensure that all customer needs are understood and met (e.g. contract review)?	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Is there a documented quality policy which also has been published in the company?	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Are the responsibilities for the leading, executive and supervising staff set?	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Do you have an organisation chart?	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Is there an independent quality management department or a quality management representative?	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Are there regulations concerning the approval and release of documents?	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Is there a documented process to guarantee that there are no invalid documents in use?	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Is there a traceability system which allows a valid assignment of documents to products so specific products can be traced?	<input type="checkbox"/>	<input type="checkbox"/>
4.11	Is the effectivity of the quality management system regularly checked by the management and the quality management representative (e.g. internal audits)?	<input type="checkbox"/>	<input type="checkbox"/>
4.12	Do you have a documented procedure to deal with customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>
Remark: Forwarder to not need to answer the following questions.			
4.13	Is there an action and a documentation of incoming, in-process and outgoing inspections?	<input type="checkbox"/>	<input type="checkbox"/>
4.14	Do you mark and handle nonconforming parts differently?	<input type="checkbox"/>	<input type="checkbox"/>
4.15	Is there a documented process to ensure control of inspection, measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4.16	Are these records also available for the customer?	<input type="checkbox"/>	<input type="checkbox"/>
4.17	Are your suppliers rated on their performance (supplier evaluation)?	<input type="checkbox"/>	<input type="checkbox"/>
4.18	Is it possible to send a test certificate with the products (if required)?	<input type="checkbox"/>	<input type="checkbox"/>
4.19	Do you make sure that you only the latest version of a standard and instructions are being used?	<input type="checkbox"/>	<input type="checkbox"/>
4.20	Do you agree, that our supplier developer may visit your company to check the information provided in this self-assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Place, Date	Signature and Stamp
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