



## Supplier self-assessment

**Definition:** Supplier self-assessment regarding master data, organization and quality.

**Purpose:** Base for the first evaluation of the supplier.

### 1. General data:

<b>Company Name</b>	
<b>Legal Structure</b>	
<b>Ownership Structure</b>	
<b>Commercial Register No. / registered since</b>	
<b>Street and Number</b>	
<b>PO Box</b>	
<b>Zip Code and City</b>	
<b>Country</b>	
<b>Phone</b>	
<b>Telefax</b>	
<b>E-Mail</b>	
<b>Homepage</b>	

### 2. Responsible contacts

<b>Department:</b>	<b>Name:</b>	<b>E-Mail:</b>	<b>Phone No.</b>
<b>CEO</b>			
<b>Quality Management</b>			
<b>Sales</b>			
<b>Purchasing</b>			
<b>R&amp;D</b>			
<b>Engineering</b>			
<b>Customer Service</b>			
<b>Production</b>			



### 3. Information on human recourses / additional facilities

<b>Total employees</b>	
<b>Sales</b>	
<b>Purchasing</b>	
<b>R&amp;D / Engineering</b>	
<b>Quality Management</b>	
<b>Administration</b>	
<b>Production</b>	
<b>Site extensions / additional facilities</b>	

### 4. Bank data:

<b>Name / Address</b>	
<b>BIC</b>	
<b>IBAN</b>	
<b>Bank Account No.</b>	
<b>VAT ID No.</b>	
<b>Customs No. /EORI-No.</b>	
<b>Terms of Payment</b>	
<b>Terms of Delivery</b>	

### 5. Turnover and insurances:

<b>Turnover</b>	<b>Actual</b>	<b>Year-1</b>	<b>Year-2</b>	<b>Year-3</b>
<b>Margin in %</b>				
Do you have product liability insurance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please include the amount for:				
• Property damage:		EUR		
• Personal injury:		EUR		
• Product- financial losses:		EUR		



## 6. Information on QM/QA-System:

<p>1. Does your company have a certified Quality- and/or Environmental-Occupational Safety Management System according to ISO 9001, ISO/TS 22163 (IRIS), ISO 14001, ISO 45001 or comparable standards? IF NO, continue with 3 otherwise with 2.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>												
<p>2. Which accredited certification body has your Management System certified? (Please add a copy form the certificates)</p> <table border="0"> <tr> <td>Norm:</td> <td>Norm:</td> </tr> <tr> <td>Certification body:</td> <td>Certification body:</td> </tr> <tr> <td>Certificate valid until:</td> <td>Certificate valid until:</td> </tr> <tr> <td>Norm:</td> <td>Norm:</td> </tr> <tr> <td>Certification body:</td> <td>Certification body:</td> </tr> <tr> <td>Certificate valid until:</td> <td>Certificate valid until:</td> </tr> </table>	Norm:	Norm:	Certification body:	Certification body:	Certificate valid until:	Certificate valid until:	Norm:	Norm:	Certification body:	Certification body:	Certificate valid until:	Certificate valid until:	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p>3. Does your company have additional manufacturing- /product or process related certificates (EN 15085, DIN 6701, DBS 918340...)? (Please add a copy form the certificates)</p> <table border="0"> <tr> <td>Norm:</td> <td>Norm:</td> </tr> <tr> <td>Classification:</td> <td>Classification:</td> </tr> <tr> <td>Certificate valid until:</td> <td>Certificate valid until:</td> </tr> <tr> <td>Norm:</td> <td>Norm:</td> </tr> <tr> <td>Classification:</td> <td>Classification:</td> </tr> <tr> <td>Certificate valid until:</td> <td>Certificate valid until:</td> </tr> </table>	Norm:	Norm:	Classification:	Classification:	Certificate valid until:	Certificate valid until:	Norm:	Norm:	Classification:	Classification:	Certificate valid until:	Certificate valid until:	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p>4. Does your company have a Quality Manual including documented process descriptions and procedures for quality assurance? Are you willing to submit it?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>												
<p>5. Does your company have implemented contingency plans to ensure delivery capability even in exceptional cases (e.g. machine defect, IT breakdown, fire, ...)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>												
<p>6. Do you carry out contract and feasibility reviews in the offer phase? If NO, how can you ensure that the requirements are met?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>												
<p>7. Does the review also include utilization and capacity analysis?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>												



<p>8. Will you inform your customers in a defined way about changes/variations that are relevant to the nature or characteristics of the products or services you offer?</p> <p>If NO, why not?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9. Do you also transfer the requirements and contractual conditions we impose on you to your suppliers?</p> <p>If NO, how can you ensure that the requirements are met?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10. Are your suppliers audited, approved and continuously/ systematically measured on their quality and performance?</p> <p>Are the assessment results documented, reviewed and, if necessary, measures derived?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11. Do you systematically inspect incoming goods and document or record the test results?</p> <p>If NO, how can you ensure that the requirements are met?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12. Do you perform First Article Inspections (according or similar to VDA 6.2)?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>13. Do you perform systematic quality inspections based on inspection plans in your manufacturing process (intermediate- final and outgoing inspections) and are the results recorded?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. Do you create test certificates (2.2, 3.1 according to EN 10204) or quality reports and submit it to with deliveries if required?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. Do you have a definition of how long quality-related documents and records are archived??</p> <p>If NO, how long they will be archived?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16. Is a documented procedure in place to ensure that products which do not meet the requirements can't be used inadvertent, further processed or delivered?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO



<p>17. Do you have a system implemented that ensures the traceability from raw material to the final- delivered product?</p> <p>If NO, how else traceability can be ensured?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>18. Do you have a test- and measuring equipment management?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>19. Do an accredited body calibrate the testing and measuring equipment regularly according to valid standards?</p> <p>If NO, please describe your procedure!</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>20. Do you have a documented process/procedure in place for defect and complaint management?</p> <p>If NO, please describe your procedure!</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>21. Do you use quality tools (e.g. 5WHY, 8D, ...) for root cause analysis?</p> <p>If NO, which methods are used?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>22. If necessary, do you allow a person appointed by our company to carry out an audit?</p> <p>Even after prior arrangement with the participation of our customer?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**7. References (5 largest customers and percentage of turnover):**

**8. Product portfolio:**



**9. In-house manufacturing technologies and processes as well as outsourced once:**

**10. Which software and data programs do you use (Operational-, ERP-, CAD-, CAQ system, ...) and with which file formats you can work with?**

**11. Data security:**

We agree that the noted information will be saved on data carriers at Seisenbacher. We assure that the information will not be passed onto third parties.

Company:

Name:

Date and signature:

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