

## 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 16949, ISO/TS 22163, IRIS, ISO 14001, BS OHSAS 18001 or comparable standards? IF NO, continue with 3 otherwise with 2.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>2. When and by which accredited certification body was your Management System certified? (Please add a copy form the certificates)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> <td style="width: 50%; vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> <td style="vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> </tr> </table>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>3. Does your company have additional manufacturing- product or process related certificates from other customers? (Please add a copy form the certificates)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> <td style="width: 50%; vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> <td style="vertical-align: top;"> <p>When? By whom? Certificate(s) valid until: Remarks:</p> </td> </tr> </table>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<p>When? By whom? Certificate(s) valid until: Remarks:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<p>4. Does your company have a Quality Manual including documented process descriptions and procedures for quality assurance?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>Are you willing to submit it?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<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>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<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>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<p>7. Does the review include also utilization and capacity analysis?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO				

<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.

In general copies of your company folders/presentations, organization chart and certificates must be added to it.

Company:

Name:

Date and signature:

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**To be filled by Seisenbacher:**

NDA signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
Supplier self-assessment signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
Signed Supplier self-assessment reviewed and OK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
Supplier Quality Management Guideline signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
General Terms and Conditions signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
General Terms and Conditions of Purchase signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
Packing and Logistic Guideline signed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
KSV1870 request performed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> n.a.

**Approval decision :**

<b>Supplier is released:</b> <input type="checkbox"/>	<b>Supplier is rejected:</b> <input type="checkbox"/>
Date:	
Signature Head of Purchasing:	

<b>Supplier is released:</b> <input type="checkbox"/>	<b>Supplier is rejected:</b> <input type="checkbox"/>
Date:	
Signature Head of Quality Management:	