

## Self-rating form for suppliers



General information	
<p><i>We kindly ask you for some general information on your company:</i></p> <p>Address: _____ Phone No./Fax No. _____</p> <p>E-mail-address sales: _____</p> <p>Product range: _____</p> <p>Machinery: Please provide documents of your complete machinery</p> <p>Contact person, position, phone number/fax number: _____</p> <p>Turnover per annum: _____</p> <p>Total number of employees / production / quality management: _____</p> <p>References (company / product) _____</p> <p>Processed by Mr./Mrs.: _____</p> <p>_____</p> <p>(Place, date, signature)</p> <p>Decision made by quality management and/or purchase:</p> <p><input type="checkbox"/> preliminarily released</p> <p><input type="checkbox"/> not qualified</p> <p>_____</p> <p>(Place, date, signature)</p>	

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1	Do you work according to defined written quality-management guidelines?	<input type="checkbox"/> yes <input type="checkbox"/> no
2	Are you in possession of a company-specific quality-management manual?	<input type="checkbox"/> yes <input type="checkbox"/> no
3	Do you have an independent quality-management department (please indicate the number of employees and qualification/professional education) or an independent Quality Manager?	<input type="checkbox"/> yes <input type="checkbox"/> no
4	Is the organisation in your company set out in a written form? In which way is your quality-management manual implemented?	<input type="checkbox"/> yes <input type="checkbox"/> no
5	Is your production staff adequately trained? Type of professional education? Number of skilled workers?	<input type="checkbox"/> yes <input type="checkbox"/> no
6	Are all testing instruments recorded and are they checked in accordance with scheduled maintenance requirements?	<input type="checkbox"/> yes <input type="checkbox"/> no
7	Is your measuring room detached from your production? Which testing and measuring systems are used?	<input type="checkbox"/> yes <input type="checkbox"/> no
8	Do you perform systematic incoming inspections and are the results recorded?	<input type="checkbox"/> yes <input type="checkbox"/> no
9	Are inspections during the production process set out in a written form?	<input type="checkbox"/> yes <input type="checkbox"/> no
10	Do you perform systematic final inspections and are the results recorded?	<input type="checkbox"/> yes <input type="checkbox"/> no

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11	Are special processes (welding, brazing, heat-treatment, etc?) systematically secured, e.g. in accordance with specific test methods? How is this carried out?	<input type="checkbox"/> yes <input type="checkbox"/> no
12	Do you have your own R&D/design?	<input type="checkbox"/> yes <input type="checkbox"/> no
13	Do you have a CAD/CAM-system for the transfer of construction drawings?  With TIF-interface?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
14	Do you outsource production processes? If yes, which kind?	<input type="checkbox"/> yes <input type="checkbox"/> no
15	Has your quality-management system been certified by an independent authority? If yes, certification according to:  Please attach the certificate!	<input type="checkbox"/> yes <input type="checkbox"/> no
16	Has your quality-management system been audited by other customers?  <div style="display: flex; justify-content: space-around; margin: 10px 0;"> <span>1</span> <span>2</span> <span>3</span> </div> Customer:  Date:	<input type="checkbox"/> yes <input type="checkbox"/> no
17	Do you agree that our quality-management staff carries out an audit in your company?	<input type="checkbox"/> yes <input type="checkbox"/> no

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	<p>Comments:</p>	
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