Self-rating form for suppliers

General information

We kindly ask you for some general information on your company:

Address:

Phone No./Fax No.

E-mail-address sales:

Product range:

Machinery: Please provide documents of your complete machinery

Contact person, position, phone number/fax number:

Turnover per annum:

Total number of employees / production / quality management:

References (company / product)

Processed by Mr./Mrs.:

_____

(Place, date, signature)

Decision made by quality management and/or purchase:

- ☐ preliminarily released
- ☐ not qualified

_____

(Place, date, signature)

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1	Do you work according to defined written quality-management guidelines?	☐ yes ☐ no
2	Are you in possession of a company-specific quality-management manual?	☐ yes ☐ 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?	☐ yes ☐ no
4	Is the organisation in your company set out in a written form? In which way is your quality-management manual implemented?	☐ yes ☐ no
5	Is your production staff adequately trained? Type of professional education? Number of skilled workers?	☐ yes ☐ no
6	Are all testing instruments recorded and are they checked in accordance with scheduled maintenance requirements?	☐ yes ☐ no
7	Is your measuring room detached from your production? Which testing and measuring systems are used?	☐ yes ☐ no
8	Do you perform systematic incoming inspections and are the results recorded?	☐ yes ☐ no
9	Are inspections during the production process set out in a written form?	☐ yes ☐ no
10	Do you perform systematic final inspections and are the results recorded?	☐ yes ☐ no

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

	Comments:	