

Supplier Self-Assessment

1. GENERAL INFORMATION
2. ORGANIZATION AND LEGAL FORM
⇒ ENCLOSE DOCUMENTS ABOUT THE CORPORATE STRUCTURE OR AN ORGANIZATIONAL CHART
3. COMPANY CHARACTERISTICS
4. LOGISTICS AND MATERIAL FLOW
5. QUALITY ASSURANCE
⇒ ENCLOSE A COPY OF YOUR CERTIFICATION DOCUMENT!
6. MATERIAL REQUIREMENTS
⇒ ONLY RELEVANT FOR OPERATIONS WITH THEIR OWN PRODUCTION CAPABILITIES
7. PRODUCTION EXPERTISE
⇒ ONLY RELEVANT FOR OPERATIONS WITH THEIR OWN PRODUCTION CAPABILITIES

Appendices:

Date: _____

Company stamp:

Signature: _____

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1. General Information

Company Name: _____

Street: _____

State / zip code / city: _____

Phone / fax: _____

Website: _____

Contact	Name	Phone, direct extension	Fax, direct extension	Email
Executive management:	1)	_____	_____	_____
	2)	_____	_____	_____
Sales:	Management	_____	_____	_____
	Contact	_____	_____	_____
QA:	Management	_____	_____	_____
	Contact	_____	_____	_____
Production:	Management	_____	_____	_____
	Contact	_____	_____	_____
Development:	Management	_____	_____	_____
	Contact	_____	_____	_____

2. Organization and Legal Form

⇒ Enclose documents about the corporate structure or an organizational chart.

Established on: _____

Legal form: _____

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Group affiliation: _____
 Sales channels/distribution method: _____

3. Company Characteristics

The past three years	Number of active staff	Number of employees	Sales & percentage of exports	Investments

Products: _____

 Major customers: _____

 (Industries) _____

4. Logistics and Material Flow

- Is your raw material supply secured by your in-house warehousing? Yes No
- Do you have sufficient in-house warehousing options for finished products? Yes No
- Do you already hold a safety or buffer stock in house for other customers? Yes No
- Do you have your own fleet or in-house freight forwarder for potential factory delivery? Yes No
- Do you have experience with delivery systems (such as Kanban, consignment warehouse, JIT)? Yes No
- Have you entered into firm framework agreements with your own suppliers? Yes No

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5. Quality Assurance

⇒ Enclose a copy of your certification document!

Are you officially DIN/ISO EN 9001 certified? Yes No

If your company is not officially certified:

Does your company / production facility have its own formal quality assurance system (e.g. Quality Assurance Manual)? Yes No

Do you have a Quality System Manager within your organization? Yes No

Do you assess your suppliers and subcontractors? Yes No

Have quality assurance agreements been concluded with the subcontractors / you own suppliers? Yes No

Are the supplied materials systematically inspected upon goods receipt? Yes No

Do you perform systematic quality inspections during the manufacturing process to ensure process quality? Yes No

Are the finished products subject to a final inspection? Yes No

Are all of the results and inspection schedules documented and made available upon request? Yes No

Do you have a defined procedure in place for nonconforming units (products)? Yes No

⇒ If so, please provide a brief description (additional sheet)

Is the inspection equipment systematically monitored? Yes No

Are quality audits performed at your company internally? Yes No

Are you willing, after consultation, to grant our QA officers access to those areas where our products are manufactured, tested and stored, on the basis of an audit? Yes No

6. Material Requirements

⇒ Only relevant for operations with their own production capabilities

Which materials do you process/machine on an ongoing basis?

What qualities, shapes and dimensions do you specialize in?

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What other kinds of materials can you process/machine?

7. Production Expertise

⇒ Only relevant for operations with their own production capabilities

Which production types are your manufacturing facilities designed for?

	Yes	No	Batch sizes
Discrete manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Series manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large batch / mass production	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assembly	<input type="checkbox"/>	<input type="checkbox"/>	_____

What kind of machinery do you use? Which versions thereof? What is their performance data?

⇒ Please enclose a corresponding list of machinery (designation, age, work area, hourly rate, etc.)!

Generally, how is work performed in your production?

One shift _____ hours/day | Two shifts _____ hours/day | Three shifts _____ hours/day

What manufacturing/production processes do you feel you excel at?

Apart from that, what other manufacturing/production processes do you employ?

Do you have any particular manufacturing expertise that was developed in-house and is applied in your company? Yes No
