

Supplier self-assessment sheet

Please fill in and return online

1. General information of the company

1.1. Address

Name	<input type="text"/>		
Street	<input type="text"/>		
Postal Code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
Phone No.	<input type="text"/>	Fax No.	<input type="text"/>
E-Mail	<input type="text"/>	URL	<input type="text"/>

1.2. Contact persons

	Name (first column) E-Mail (second column)	Phone No. (first column) Fax No. (second column)
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General Manager	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Sales - strategie	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Sales - dispositive	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Engineering	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Quality	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

1.3. Product range (please send us brochures, ect.)

Product type (s)	Manufacturer	Dealer
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4. Number of employees

Employees

Workers

Quality assurance

1.5. Totale sale EUR Pacoma portion (%)

1 year previous	<input type="text"/>	<input type="text"/>
2 years previous	<input type="text"/>	<input type="text"/>

1.6. Valid Order / Accounting address

1.7. Further Locations (Postel Code / City / Contact person / Phone No. / E-Mail)

Location 1

Location 2

Location 3

1.8. List of main customers (A-Customers)

Name	Share of turn over (%)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

1.9. Trades

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Statements on Quality Assurance

2.1. Is your quality system certified?
 (according to DIN / EN / ISO) Yes No

2.1.1. ' In case of yes, which certification?

2.2. Did other companies carry out
 successful audits? Yes No

2.2.1. ' In case of yes, who did carry out the audit?

2.3. Do you have a quality manual of your company? Yes No

2.4. If no quality manual is available, are there any
 other descriptions of your quality system? Yes No

2.5. Do you work with quality plans? Yes No

2.6. Do you work with initial sample reports? Yes No

2.7. Do you regularly carry out checks on
 incoming goods? Yes No

2.8. Are regular production controls installed? Yes No

2.9. Are systematic final inspections before
 dispatch carried out? Yes No

2.10. Are production facilities and gauges
 regularly controlled? Yes No

2.11. Do you record costs related to quality? Yes No

2.12. Do you have a product liability policy? Yes No

2.12.1. If yes which amount?

- 2.13. Shall quality records be maintained to demonstrate achievement of the required quality? Yes No
- 2.14. Can you ensure the traceability of deliveries from your supplier? Yes No party
- 2.15. Do you effect deliveries by your own vehicles? Yes No party
- 2.16. Do you have a 'Code of Conduct'? Yes No
- 2.17. Do you comply with the following legal regulations and guidelines?
- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| RoHS-Compliant (211/65/EU) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | not relevant <input type="checkbox"/> |
| REACH (EG)-Nr. 1907/2006 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | not relevant <input type="checkbox"/> |
| Conflict Mineral (acc. To Dodd-Frank Act) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | not relevant <input type="checkbox"/> |

Signature

Date