

1 Supplier Self Assessment (to fill out by supplier)

Address:	
	Phone:
	Fax:
	E-Mail:
	Website:
	USt- ID No.

Responsible for:	Name, First name	Phone / E-Mail
Production :		
Sales :		
Q-Management :		
Finance :		

Product to be delivered:

Questions to currency:	Yes	No	Remark
Can be charged in EURO?	<input type="checkbox"/>	<input type="checkbox"/>	
Incoterms DAP?	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Terms 60 days net?	<input type="checkbox"/>	<input type="checkbox"/>	
Questions in general:			
Foundation			
Total number of employees			
Number of employees in production:			
Your Business:			
Reference Customers:			
Do you still have free capacity:	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an own R&D	<input type="checkbox"/>	<input type="checkbox"/>	

Company sales turnover:
Last year:
Year before:

Questions to the QM-System:	Yes	No	Remark
Is a QM-System in writing defined and introduced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ISO13485 <input type="checkbox"/> ISO9001 <input type="checkbox"/> Other:
Is the QM-System certified?	<input type="checkbox"/>	<input type="checkbox"/>	Position and year:
Is a Quality handbook available?	<input type="checkbox"/>	<input type="checkbox"/>	Language:
Are the organizations and responsibilities defined in an Organization chart?	<input type="checkbox"/>	<input type="checkbox"/>	Supplement:

Is the procedure for amending the documents specified?	<input type="checkbox"/>	<input type="checkbox"/>	Responsible:
Does the production take place according the accompanying documents?	<input type="checkbox"/>	<input type="checkbox"/>	Which:
Are tests specified in the manufacturing process?	<input type="checkbox"/>	<input type="checkbox"/>	How:
Is the treatment of non-compliant products determined?	<input type="checkbox"/>	<input type="checkbox"/>	How:
Are the products tested prior to shipping?	<input type="checkbox"/>	<input type="checkbox"/>	Position:
Are test results documented and stored?	<input type="checkbox"/>	<input type="checkbox"/>	Duration:
Are all test equipment regularly reviewed and the results documented?	<input type="checkbox"/>	<input type="checkbox"/>	Position:
Is an assured of production provided?	<input type="checkbox"/>	<input type="checkbox"/>	Whereby:
Are you prepared to sign Quality Agreement and NDA (Non-disclosure Agreement)	<input type="checkbox"/>	<input type="checkbox"/>	Remark:
Authorized signature:			
Place, Date	Signature		