Inovatools Eckerle & Ertel GmbH



Supplier Self-Assessment

Please fill out the self-assessment below and sign it and send it back to us.

General information

General Information	
Name	Year founded
Type of business ownership	Number of Employees
Street, No.	Employees in Production
ZIP Code	Employees in Development
City	Employees in QC/QA/QM
Province	Employees Administration
Country	Multi-Shift Operation
Phone	Lead Time in Weeks
Website	D-U-N-S Number
VAT Number	

 Delivery and Payment Terms
 Bank Details

 Payment Terms
 Name of Bank

 Accepted Currencies
 BIC/SWIFT

 Incoterm
 IBAN

Location / Subsidiary 1	Location / Subsidiary 2
City	City
Country	Country
Number of Employees	Number of Employees
Products	Products
Capacity pcs/month	Capacity pcs/month
Production Area m ²	Production Area m ²

Location / Subsidiary 3	Location / Subsidiary 4	
City	city	
Country	country	
Number of Employees	Number of Employees	
Products	Products	
Capacity pcs/month	Capacity pcs/month	
Production Area m ²	Production Area m ²	

Products			
Product	Share of Sales in %	Product	Share of Sales in %
Diagon attack a breaking/actalan			

Please attach a brochure/catalog

Languages spoken

Contact Person	
Chief Executive	Customer Service
Name	Name
Phone	Phone
E-Mail	E-Mail
Languages spoken	Languages spoken
Development	Quality Management
Name	Name
Phone	Phone
E-Mail	E-Mail
Languages spoken	Languages spoken
Purchasing	
Name	Name
TelNr.	TelNr.
E-Mail	E-Mail

	Turnover las	t four years
Year		Turnover in Mio EUR

Languages spoken

Ownership Structure (Companies or Persons)				
Name	Share in %	E-Mail	Languages spoken	
If your company is part of a corporation, please add the name and address of the main company				

Product Liability Insurance		
Insurance	Amount insured	
Object insured	Excess amount	
Please attach a certificate		

Sales Activities			
Country	Products	Sales share in %	Remarks

Management Systems

Quality Management	
Description of Quality Management	
Description of Environmental Protection Management	
Description of Product Testing Management	

Description of health and safety management

Quality Management (Continuation)			
ISO 9001 (if yes, please send certificate)	Other Certificates (if yes, please send certificate)		
ISO 50001 (if yes, please send certificate)	Other Certificates (if yes, please send certificate)		
ISO 14001 (if yes, please send certificate)	Other Certificates (if yes, please send certificate)		

Does your company have a policiy that obliges suppliers to ensure social, ethical and environmental standards?

Would you allow us or a third party to inspect your facilities?	
Has any other company or third party audited you? If yes, please specify.	
Can you provide safety data sheets for your products?	

Can you provide conformity certificates (for example according to REACH, Cal. Prop. 65 etc.) for your products?

If your company is not certified to ISO 9001, please complete the following self-assessment form for QM-management		
Торіс	Degree of accomplishment in %	not applicable
1. Do you have a Quality-Assurance-System recorded and installed?		
2. Is the Quality-Assurance-System certificated?		
3. Do you have a Quality-Manual?		
4. Do you have a Quality-Assurance-Manager appointed?		
5. Are the responsible employees mentioned in your organization chart?		
6. Do you have an installed process for amendments of QM documents?		
7. Do you use cards to track the production process?		
8. Are there inspections within the production process?		
9. Is there a defined procedure for rejects?		
10. Is there an inspection before shipment?		
11. Do you record inspection results?		
12. Are there periodic checks of the inspection equipment and are these checks recorded?		
13. Dou you concut out internal Quality-Audits and record these?		

Other Information

Calculation Components
Are you ready to disclose calculation components?
Documents
Are you able and ready to comply with our Supplier Code of Conduct (available at Inovatools Purchasing Department and www.inovatools.eu)?
Further Remarks
Here you have the opportunity to enter further information and comments
Supplier Self-Assessment filled in by
Name
Department
Position
Phone
E-Mail
Date
Signature