

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	

Product program			
Product	Share of Sales in %	Product	Share of Sales in %

Please attach a brochure/catalog

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	
Tel.-Nr.		Tel.-Nr.	
E-Mail		E-Mail	
Languages spoken		Languages spoken	

Turnover last four years	
Year	Turnover in Mio EUR

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 policy 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

Topic	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. Do you conduct 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