

# Supplier Self-Assessment Form



Author / date		
<b>1. General data</b>		
Vendor no. [if existing]		
Company name / legal form		
Street / number		
ZIP code / city		
Phone / fax		
E-mail / internet		
Year of foundation		
Partners [number / names]		
Independent company / affiliation to a group of companies		
Total number of business premises [number / list]		
Vending production site(s):		
<b>2. Organization</b>		
	<b>internal share [%]</b>	<b>external share [%]</b>
Sales [direct/indirect]		
Development		
Production		
Management structure [managing board / advisory board]		
Planning scheme [who/what/approval]		
Plan variance scheme		
Organization chart enclosed	<input type="checkbox"/> yes	<input type="checkbox"/> no

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2. Contact persons (for the Kurtz Group)				
	Title / name	Function	Telephone	Fax
Managing Director Sales				
Sales Director				
Sales Executive / Key-Account				
Quality Management				
Development				
Logistics				
Production				
Number of employees	Total no.	Blue-collar workers	Quality Management	
3. Indexes [p.a.] of the previous year				
	Index	Notes		
Currency				
Annual turnover				
Group turnover, if applicable				
Capital expenditure				
Purchasing volume				
Share of added value [in-house / external production]				
Inventory turnover ratio [turnover / stocks]				
Share of turnover achieved with A customers				
4. General information				
Are you obliged to non-disclosure agreements?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do the goods to be supplied contain hazardous substances?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Does the delivery contain hazardous goods?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
If yes: Were the latest safety data sheets handed over to the customer? Enclose list.	<input type="checkbox"/> yes	<input type="checkbox"/> no		

5. Product related information	
Please enclose a list of product groups incl. turnover share.	
What product groups are part of the supply relationship (incl. turnover)?	
Please state your most important references in this context.	
What manufacturing processes do you have?	
6. Supply relationships and systems	
<b>6.1 Supply relationship: supplier - Kurtz</b>	
What kind of blanket purchase orders do you realize for your customers?	
What kind of blanket purchase orders could we realize with you?	
Are you already a just-in-time supplier?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes: in which industries / of which products?	
Are you already a just-in-sequence supplier?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes: in which industries / of which products?	
What possibilities do you have to exchange data with customers?	
<b>6.2 Supply relationship: supplier - pre-supplier</b>	
Welche Abrufverfahren wenden Sie bei ihren Lieferanten an?	
Do you already have just-in-time suppliers?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes: in which industries / of which products?	
Do you already have just-in-sequence suppliers?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes: in which industries / of which products?	
What possibilities do you have to exchange data with suppliers?	

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7. Quality management				
Does a documented quality management system exist?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Planned to be realized until	Notes
Please state the standard according to which the quality management system has been certified. (Please enclose a valid certificate)				
- If planned: according to which standards?				
What business objectives do you have?				
What is your quality policy?				
Do you have a CAQ system?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you have written instructions on how records have to be handled?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you have written instructions on how documents have to be handled?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Have you laid down the planning processes for services/goods to be provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
How do you incorporate the customers in these plannings?				
How and when do you examine bought material?				
How and when do you examine the goods produced?				
What kind of examinations have to be carried out by a third party?				
How do you treat customer property?				
Do you have a systematic test equipment control?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you carry out internal quality audits?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you have audit reports of other customers?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Do you have written instructions on how to deal with faulty parts?	<input type="checkbox"/> yes	<input type="checkbox"/> no		

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Do you record internal rejects and guarantee cases in a statistic, and is this statistic used in order to achieve quality improvements?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have written instructions on correction measures?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have written instructions on preventive measures?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>The quality management section was completed by</b>		
Name (please print) / date / place: Signature		

Comments of the supplier:


Comments of the Purchasing Officer:


Reason for revision:  
English Version is new; necessary in content with JIT;

Valid:  
By publishing on 2008.02.07;

Ausdrucke ohne Änderungsdienst