



# Supplier Self Assessment

August Vormann GmbH & Co. KG



## Supplier Self Assessment

Dear Sir or Madam,

Enclosed you will find the supplier self-assessment form. Please complete it in its entirety and return it to us together with the the relevant documents so that we can register you as a supplier.

We also ask you to send us all necessary documents, copies and documentation within 10 days.

What we need from you:

- **Certificates**
- **Completed supplier self-assessment form**
- **Signed Code of Conduct**

All information in this questionnaire are binding!

Yours sincerely

# General supplier information



## 1 Supplier information

<b>Company and address</b>	<b>Foundation:</b>	
	<b>Sector:</b>	
	<b>VAT - No.</b>	
	<b>Phone:</b>	
	<b>E-Mail:</b>	
	<b>Website:</b>	

**Processor:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

<b>Total number of employees:</b>	
Thereof in production:	
Thereof in administration:	
Thereof in QM:	
Trainees:	
Share of skilled workers:	

Do you employ agency workers? Yes  No

What is the percentage of the total number of employees: \_\_\_\_\_

Contact partner	Management	Sales	Procurement	R & D	Manufacturing	Logistics	QM
Name:							
Telefon:							
Fax:							
E-Mail:							

**Business Languages** Yes  No

English:

German:

Others: \_\_\_\_\_

Yes  No

Do you have your own R&D area?

Do you have your own tool shop?

Does your company have its own materials laboratory?

Do you have a program for scheduled employee training?

Name reference customers in Germany, if available:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# General supplier information



## 2 Financial information

Total turnover	Export in %	Main customer	Turnover	Country
Plan year				
Year -1				
Year -2				
Year -3				

Does your company have an export license?

Yes

No

Main products	Main customer	Turnover in the last year	Quantity last year

Bank account	
Bank:	
SWIFT-Code:	
IBAN No.:	
Tax office:	

Terms and conditions of purchase	
Terms of payment:	
Terms of delivery:	

Additions / Comments:

# Quality management



## 3 Quality management system details

No.	Questions	Yes	No
3.1	<b>Do you have a certified QM system?</b>	<input type="checkbox"/>	<input type="checkbox"/>
	(if "yes", the questions from 3.2 are omitted, if "no", please continue from question 3.1.5)		
3.1.1	If yes: According to which standard is this certified? (Please attach a copy of the certificate)	<input type="checkbox"/>	ISO 9001
		<input type="checkbox"/>	IATF 16949
		<input type="checkbox"/>	VDA 6
		<input type="checkbox"/>	QS 9000
3.1.2	If yes: Which certification organization?		
3.1.3	If yes: Has your company been evaluated by customers?	<input type="checkbox"/>	<input type="checkbox"/>
3.1.4	If yes: From which customer and with which result?	<input type="checkbox"/>	<input type="checkbox"/>
3.1.5	If no: Are you planning to certify? When?	<input type="checkbox"/>	<input type="checkbox"/>
3.1.6	If yes: According to which standard do you plan to certify?	<input type="checkbox"/>	ISO 9001
		<input type="checkbox"/>	IATF 16949
		<input type="checkbox"/>	VDA 6
		<input type="checkbox"/>	QS 9000
3.2	<b>Do you maintain and update a QM system?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2.1	If no: Are you planning to introduce a QM system?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<b>Has your company appointed a QM manager?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<b>Do you have a QM manual?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	<b>Which preventive QM measures are implemented ?</b>	<input type="checkbox"/>	FMEA
		<input type="checkbox"/>	Audits
		<input type="checkbox"/>	Erstmuster
		<input type="checkbox"/>	(Cp, Cpk)
		<input type="checkbox"/>	
3.6	<b>Do you work with statistical process control (SPC)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	<b>Do you perform incoming goods inspections?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.8	<b>Do you carry out inspections during production?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.9	Are there any self-inspections by employees on their own responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
3.10	<b>Do you systematically identify scrap and rework?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.11	<b>Do you systematically determine and evaluate defect costs?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.12	<b>Do you perform an output test?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.13	<b>Are measuring and test equipment systematically monitored?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.14	<b>What test equipment do you use for the products you supply to us?</b>		
3.15	<b>Are semi-finished products purchased with material certificate ?</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.16	<b>Is batch separation carried out when storing semi-finished products ?</b>	<input type="checkbox"/>	<input type="checkbox"/>

Additions / Comments:

# Production / Logistics



## 4 Production self-disclosure

No.	Questions	Yes	No
4.1	Which IT systems do you have in use?	<input type="checkbox"/>	PPS /BDE
		<input type="checkbox"/>	CAD
		<input type="checkbox"/>	CAQ
		Sonstige:	
4.1.1	Are the IT systems networked with each other?	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Do you have the possibility to carry out material analysis?	<input type="checkbox"/>	<input type="checkbox"/>
	Own laboratory	<input type="checkbox"/>	<input type="checkbox"/>
	External	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Do you develop and distribute your own products?	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Do you have product liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Are products from the AV range already being manufactured?	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Do you can produce according to samples / drawings?	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Do you galvanize or coat yourself?	<input type="checkbox"/>	<input type="checkbox"/>
4.8	What surface finishes can you offer?		
4.9	What products can you manufacture? (Strengths / Weaknesses)		
4.10	Do you work according to the First In - First Out principle?	<input type="checkbox"/>	<input type="checkbox"/>

## 5 Self-disclosure on logistics and purchasing

No.	Questions	Yes	No
5.1	Which delivery conditions do you work with?	<input type="checkbox"/>	EXW
		<input type="checkbox"/>	DDP
		<input type="checkbox"/>	FOB
		Sonstige:	
5.2	Where do you mainly source materials from?	Lokal	
		Europa	
		Asien	
		Global	
5.3	Do you conduct supplier assessments?	<input type="checkbox"/>	<input type="checkbox"/>

Additions / Comments:

# Logistics / Purchasing



No.	Questions	Yes	No
5.4	What delivery options do you have?	Just in Time	
		Kanban	
		E-Katalog	

Others \_\_\_\_\_

Please indicate reference customers for this purpose:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5.5	Which port of dispatch do you use?
-----	------------------------------------

\_\_\_\_\_  
 \_\_\_\_\_

5.6	With which forwarder do you cooperate?
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5.6	Which interfaces for data exchange in the area of logistics / purchasing do you have?
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\_\_\_\_\_

5.7	What options do you have for labeling goods (e.g. barcode)?
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\_\_\_\_\_

5.8	What payment terms do you use?
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\_\_\_\_\_

5.9	In which currency do you issue your invoices?	<input type="checkbox"/>	€
		<input type="checkbox"/>	US \$
		<input type="checkbox"/>	

5.10	Do you have commercial credit insurance?	<input type="checkbox"/>	<input type="checkbox"/>
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Which one? \_\_\_\_\_

5.11	What kind of pallets do you use? (Type of wood, Funigation)
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Environment and Energy



## 6 Environment and energy management

No.	Questions	Yes	No
6.1	Do you have a certified environmental or energy management system?	<input type="checkbox"/>	<input type="checkbox"/>
if "yes" please skip the questions from 6.2, if "no" please continue from question 6.2			
6.1.1	Which certifications do you have?	<input type="checkbox"/>	1221/2009
		<input type="checkbox"/>	ISO 14001
		<input type="checkbox"/>	ISO 50001
		Sonstige:	
6.1.2	If yes: Which certification organization?		
6.1.3	If no: Are you planning to certify? When?	<input type="checkbox"/>	<input type="checkbox"/>
6.1.4	If yes: According to which standard do you plan to certification?	<input type="checkbox"/>	1221/2009
		<input type="checkbox"/>	ISO 14001
		<input type="checkbox"/>	ISO 50001
		Sonstige:	
6.1.5	Does your company have a written environmental or energy policy?	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Are environmental protection and energy management integrated into the quality or occupational safety management system integrated?	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Do you regularly check compliance with legal regulations on environmental protection and energy law?	<input type="checkbox"/>	<input type="checkbox"/>
6.4	For waste management service providers: Is your company certified according to the Ordinance on Specialized Waste Management Operations?	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Are environmental protection and energy efficiency measures audited in your company?	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Does your company regularly examine the environmental impact and potential for increasing energy efficiency?	<input type="checkbox"/>	<input type="checkbox"/>
6.7	Does your company follow written procedures for environmental protection and energy management?	<input type="checkbox"/>	<input type="checkbox"/>
6.8	Does your company document environmental protection and energy efficiency measures and their results documented?	<input type="checkbox"/>	<input type="checkbox"/>
6.9	Have you defined goals in your company to improve environmental protection and energy efficiency and do you document their fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>
6.10	Are your employees regularly informed or instructed on the subject of environmental protection and energy efficiency?	<input type="checkbox"/>	<input type="checkbox"/>
6.11	"Is a packaging waste prevention system in operation? (If yes, please attach evidence)"	<input type="checkbox"/>	<input type="checkbox"/>

Please send the corresponding proofs in a pdf-document

Additions / Comments:



# Occupational safety management



## 7 Occupational safety

No.	Questions	Yes	No
7.1	Do you have a certified occupational safety management system according to ISO 45001?	<input type="checkbox"/>	<input type="checkbox"/>
if "yes" please skip the questions from 7.2, if "no" please continue from question 7.2			
7.1.1	If yes: Which certification organization?		
7.1.2	If no: Are you planning to certify? When?	<input type="checkbox"/>	<input type="checkbox"/>
7.1.3	Does your company have a written occupational health and safety policy?	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Is occupational safety management integrated into environmental protection, energy or quality management?	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Do you regularly check compliance with legal regulations on occupational health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Has your company appointed an occupational safety specialist?	<input type="checkbox"/>	<input type="checkbox"/>
7.5	Are your employees supervised by a company doctor?	<input type="checkbox"/>	<input type="checkbox"/>
7.6	Do you conduct regular risk assessments and document them?	<input type="checkbox"/>	<input type="checkbox"/>
7.7	Are there regular instructions on occupational safety for your employees?	<input type="checkbox"/>	<input type="checkbox"/>
7.8	Do you conduct regular audits or inspections for occupational safety?	<input type="checkbox"/>	<input type="checkbox"/>
7.9	Do your employees receive further training in occupational safety? (Occupational safety specialist, qualified persons for machine safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
7.10	Does your company have a written occupational health and safety policy?	<input type="checkbox"/>	<input type="checkbox"/>

Please send the corresponding proofs in a pdf-document

Additions / Comments:

# CSR / Sustainability Management



## 8 Corporate Social Responsibility

No.	Questions	Yes	No
8.1	Is there a person in charge of CSR / sustainability in your company?	<input type="checkbox"/>	<input type="checkbox"/>
8.1.1	If yes: Please specify contact person (name, e-mail- phone)		

8.2	Does your company publish a CSR / sustainability report?	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Does your company have a code of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Have CSR / sustainability audits been carried out in your company so far?	<input type="checkbox"/>	<input type="checkbox"/>
8.4.1	If yes: Which ones?		

8.5	Does your company have a policy statement on respect for human rights?	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Has your company established CSR/sustainability requirements for suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
8.6.1	If yes: Does your company actively communicate this to suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Does your company have a process for evaluating suppliers against CSR / sustainability criteria?	<input type="checkbox"/>	<input type="checkbox"/>
8.8	Do you determine a carbon footprint for your company (Corporate Carbon Footprint)?	<input type="checkbox"/>	<input type="checkbox"/>
8.9	Does your company have defined targets for reducing CO2 emissions?	<input type="checkbox"/>	<input type="checkbox"/>
8.10	Does your company require suppliers to comply with legal and regulatory requirements for products?	<input type="checkbox"/>	<input type="checkbox"/>

Please send the corresponding proofs in a pdf-document

Additions / Comments:

# Confirmation



## 9 Confirmation

**I hereby confirm that the information on this form are complete and correct and that we accept the Code of Conduct of August Vormann GmbH & Co.KG.**

Name \_\_\_\_\_

Position \_\_\_\_\_

\_\_\_\_\_  
Date, Place

\_\_\_\_\_  
Company stamp / Signature