

# SUPPLIER SELF ASSESSMENT

## HIT-06-SSQQ-I

*To assess your quality capabilities we ask you to fill out PART A of this questionnaire and return it duly signed to our purchasing department within 2 weeks after receipt.*

### PART A: SUPPLIER SELF-ASSESSMENT

#### 1. GENERAL INFORMATION ABOUT YOUR COMPANY

1.1 NAME OF COMPANY: \_\_\_\_\_

1.11 ID-No. acc. commercial register: \_\_\_\_\_

1.12 UID-No.: \_\_\_\_\_

1.13 Are you HFU listed? Yes ( ) No ( ) Employer-No.: \_\_\_\_\_

1.14 Is your company doing  
( ) manufacturing  
( ) trading  
( ) service

1.2 ADDRESS: \_\_\_\_\_

1.21 Street: \_\_\_\_\_

1.22 P.O. Box: \_\_\_\_\_

1.23 ZIP & Location: \_\_\_\_\_

1.24 Country: \_\_\_\_\_

1.25 Bank Account\*: IBAN: \_\_\_\_\_

1.26 BIC: \_\_\_\_\_

\* Please note: Changes of your bank account can only be considered if communicated in due time in written form with a legally binding signature.

1.3 Name & Function of  
your MANAGEMENT REPRESENTATIVE: \_\_\_\_\_

1.31 Telephone: \_\_\_\_\_

1.32 Fax: \_\_\_\_\_

1.33 e-Mail: \_\_\_\_\_

1.34 URL: http:// \_\_\_\_\_

1.4 WHAT PRODUCTS DO YOU  
ALREADY SUPPLY TO OUR ORGANIZATION? \_\_\_\_\_

1.5 TOTAL NUMBER OF EMPLOYEES? \_\_\_\_\_

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1.6 ESTIMATED ANNUAL TURNOVER? \_\_\_\_\_

## 2. GENERAL INFORMATION ABOUT YOUR QUALITY MANAGEMENT (QM) CERTIFICATE

(please tick "Yes" or "No" where applicable)

2.1 Does your organization run a certified QM System? Yes ( ) No ( ) \_\_\_\_\_

*If "YES", only answer questions 2.2 to 2.7 & 4, sign and return the questionnaire.  
 If "NO", please answer all the questions of chapter 3 before signing and returning the questionnaire.*

2.2 To which standard does your QM System apply? \_\_\_\_\_

2.3 Date of QM System certification? \_\_\_\_\_

2.4 Which organization (notified body) audited your QM System? \_\_\_\_\_

2.5 ID-number of registered certificate? \_\_\_\_\_

2.6 Do you provide a copy of your QM System certificate to this SSQQ? Yes ( ) No ( ) \_\_\_\_\_

2.7 Which additional certifications do you have? (please tick if applicable)

( ) ISO 3834 Part \_\_\_\_\_  
 ( ) EN 1090 \_\_\_\_\_  
 ( ) ISO 14001 \_\_\_\_\_  
 ( ) ISO 45001 \_\_\_\_\_  
 ( ) Other \_\_\_\_\_

## 3. SPECIFIC QUESTIONS CONCERNING YOUR QUALITY MANAGEMENT (QM) SYSTEM

(please tick "Yes" or "No" where applicable)

3.1 Does your company operate any QM System? Yes ( ) No ( ) \_\_\_\_\_

3.2 Who is the responsible for your QM System? \_\_\_\_\_

3.3 How is your QM System documented? \_\_\_\_\_

3.31 Do you agree to provide (parts of) your QM documentation (e.g. the quality manual)? Yes ( ) No ( ) \_\_\_\_\_

3.4 When and by which organization do you plan to have your QM System certified? \_\_\_\_\_

3.5 Do you perform feasibility checks pertaining to requested delivery time of incoming orders? \_\_\_\_\_

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- 3.6 How do you ensure that technical changes are considered in your production? \_\_\_\_\_
- 3.7 Which work-packages are sourced externally? \_\_\_\_\_
- 3.8 Do you assess your suppliers quality capabilities? \_\_\_\_\_
- 3.81 Do you supply "just in time"?  
If so, please provide examples. \_\_\_\_\_
- 3.82 Do you assess the quality capabilities of your suppliers which deliver merchandise goods? \_\_\_\_\_
- 3.9 Do you carry out incoming goods inspections? Yes ( ) No ( ) \_\_\_\_\_
- 3.10 Do you control products provided by your customers? Yes ( ) No ( ) \_\_\_\_\_
- 3.11 Have you defined procedures to ensure product identification and traceability? Yes ( ) No ( ) \_\_\_\_\_
- 3.111 Have you defined procedures to ensure product identification of merchandise goods with regard to their country of origin and quality? Yes ( ) No ( ) \_\_\_\_\_
- 3.112 Can you provide manufacturers-, quality- and test certificates? Yes ( ) No ( ) \_\_\_\_\_
- 3.12 Do you monitor the conditions of your means of production? Yes ( ) No ( ) \_\_\_\_\_
- 3.121 Are you willing to provide us a list of your production installations or special tooling? Yes ( ) No ( ) \_\_\_\_\_
- 3.122 Do you control/record certain production process characteristics and can you provide them on request? Yes ( ) No ( ) \_\_\_\_\_
- 3.123 What kind of inspection and testing have you employed to monitor your production processes? \_\_\_\_\_
- 3.13 Do you carry out final inspections? Yes ( ) No ( ) \_\_\_\_\_
- 3.131 Do you record the results of such final inspections and would you provide them on request? Yes ( ) No ( ) \_\_\_\_\_
- 3.14 Do you have a documented procedure concerning the calibration of inspection, measuring and test equipment? Yes ( ) No ( ) \_\_\_\_\_
- 3.15 Do you have a documented procedure how to deal with non-conforming products? Yes ( ) No ( ) \_\_\_\_\_
- 3.16 How do you process customer complaints? \_\_\_\_\_
- 3.17 Do you archive your quality records; for which period? Yes ( ) No ( ) Period: \_\_\_\_\_

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- 3.18 Who assesses the capability of your current QM system? \_\_\_\_\_
- 3.19 How do you ensure the qualification of your employees? \_\_\_\_\_
- 3.20 Do you provide statistical data about your quality inspections on request? Yes ( ) No ( )
- 3.21 What kind of servicing do you offer? \_\_\_\_\_  
\_\_\_\_\_
- 3.22 Is your organization able to express inspection- or test results in terms of statistical units? \_\_\_\_\_

**ADDITIONAL COMMENTS OR HINTS CONCERNING YOUR QM SYSTEM?**

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

**4. CUSTOMER VERIFICATION**

- 4.1 Do you allow our representatives to assess the effectiveness of your QM system at your premises? Yes ( ) No ( ) \_\_\_\_\_
- 4.2 Does your organization comply to any specific Code of Conduct? Yes ( ) No ( )
- 4.3 Do you offer additional services for your products? What kind: \_\_\_\_\_  
\_\_\_\_\_
- 4.4 Are your company or some of your products subject to official import- or export restrictions (e.g. EU-embargoes, US-reexport regulations)? Yes ( ) No ( ) \_\_\_\_\_

**5. AUTHORIZED SIGNATURE (duly signed with stamp):**

- 5.1 NAME & FUNCTION: \_\_\_\_\_
- 5.2 LOCATION & DATE: \_\_\_\_\_

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## **PART B: EVALUATION BY PURCHASING AND QUALITY UNIT**

0.1 SUPPLIER/SUB-CONTRACTOR NAME: \_\_\_\_\_

0.2 BUYER'S GROUP: \_\_\_\_\_

0.3 DATE OF SSQQ: \_\_\_\_\_

1. **COMMENTS THE OR SUPPLIER'S HINTS CONCERNING SELF-ASSESSMENT**

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[ ] The supplier or some of its products are not subject to any official import- or export restrictions (e.g. EU-embargoes, US-reexport regulations)?

2. **DECISSION**

2.1 **The supplier/subcontractor is rated as:**

- 2.11 ( ) fully capable  
2.12 ( ) partially capable  
2.13 ( ) not capable

2.2 **Necessary provisions:**

- 2.21 Assessment at the supplier's premises Yes ( ) No ( ) \_\_\_\_\_  
2.22 Full system audit at the supplier's premises Yes ( ) No ( ) \_\_\_\_\_  
2.23 Credit rating available Yes ( ) No ( ) \_\_\_\_\_

2.3 **Limitations (patially capable suppliers) ...**

2.31 ... supply limited to the following items: \_\_\_\_\_  
\_\_\_\_\_

2.32 ... supply under that special provisions: \_\_\_\_\_  
\_\_\_\_\_

2.33 ... supply limited until the following date: \_\_\_\_\_

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3. **APPROVAL OF SUPPLIER/SUBCONTRACTOR**

cXXEK (Sign & Date) \_\_\_\_\_

QMM (Sign & Date) \_\_\_\_\_

4. **DISTRIBUTION**

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