


<b>GRP/70-F-EK-001-f</b> Page 1 of 5	<b>FORM</b> Supplier self-disclosure *gray fields are mandatory fields	
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<b>1. Company Information</b>
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Company:	
Legal Form / Year of Establishment:	
Enterprise (Name):	
Ownership structure:	
Street, Number:	
Zip Code/City:	
Country:	
Phone:	
Fax:	
E-mail:	
Website:	
VAT ID No.:	

Production sites:			
Product spectrum offered:			
Main/Reference Customers			
(last 3 years)	Year 1:	Year 2:	Year 3:
Revenue trend:			
Development of employee numbers:			
Delivery conditions:	Carriage paid <input type="checkbox"/> yes <input type="checkbox"/> no		
Payment conditions:	<input type="checkbox"/> Discount: 14 days 3%    30 days 2%    60 days net		
	<input type="checkbox"/> other:		
Warranty term after delivery:	Months		
Form of contract and execution under German law	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Presence of extended product liability insurance	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If yes, policy amount for consequential damage			

Created: R. Krahl      17 September, 1999	Changed: R. Drost      29 November, 2019	Approval: J. Becherer      16 March, 2020
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**2. Contact persons**

Management	Name:				
	Phone:			Mobile:	
	E-mail:				
	Languages: <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Other:				
Sales	Name:				
	Phone:			Mobile:	
	E-mail:				
	Languages: <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Other:				
Order processing	Name:				
	Phone:			Mobile:	
	E-mail:				
	Languages: <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Other:				
Project Management/ Technical Consultants	Name:				
	Phone:			Mobile:	
	E-mail:				
	Languages: <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Other:				
Quality Management	Name:				
	Phone:			Mobile:	
	E-mail:				
	Languages: <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Other:				
Product Safety Officer	Name:				
	Phone:			Mobile:	
	E-mail:				
	Languages: <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> Other:				

**3. Management systems for environment, energy and occupational safety**

3.1 Does your company have a certified management system?					
Certificate	Yes	No	Planned by	Certification date	Certification company
<i>Quality management system</i>					
ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>			
IATF 16949	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Environmental management system</i>					
ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>			
EMAS Registration	<input type="checkbox"/>	<input type="checkbox"/>			

<i>Energy management system</i>					
ISO 50001	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Occupational and health protection management system</i>					
BS OHSAS 18001	<input type="checkbox"/>	<input type="checkbox"/>			

<b>3.2 Classification of quality capability by third parties and/or result of self-audits</b> (Certification DIN/ISO9000 – Series VDA Volume 6 – IATF 16949) Please send cover sheet of the last audit as an attachment				
Date	Company/Auditor	Audit based on	Result %	Classification

<b>4. Core competences</b>

<b>5. Toolmaking/toolmaker</b>	Yes	No
Does the supplier have an in-house tool shop/toolmaker?	<input type="checkbox"/>	<input type="checkbox"/>

<b>6. Development department(s)</b>	Yes	No
Can the supplier handle all aspects of development on his own?	<input type="checkbox"/>	<input type="checkbox"/>
If not, what development activities must be carried out externally:		

<b>7. Project management, methods of the product and production process development</b>	Yes	No
Does the supplier have an interdisciplinary project organization in place with defined contact persons?	<input type="checkbox"/>	<input type="checkbox"/>
Which methods for risk analysis/risk minimization are deployed by the supplier in the development phase?		

<input type="checkbox"/> D-FMEA	<input type="checkbox"/> Product FMEA	<input type="checkbox"/> Process FMEA	<input type="checkbox"/> Other:
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<b>8. Design systems</b>	Yes	No
8.1 Does the supplier have CAD systems? If yes, please indicate.	<input type="checkbox"/>	<input type="checkbox"/>

1.		
2.		

8.2 Is there a CAD data connection? If yes, please indicate.	<input type="checkbox"/>	<input type="checkbox"/>
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8.3 Does the supplier use simulation methods? If yes, please indicate.	<input type="checkbox"/>	<input type="checkbox"/>
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<b>9. Laboratory equipment (for inspection, testing or calibration)</b>	Yes	No
9.1 Does the supplier have in-house laboratory equipment? If yes, please indicate.	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Chemical tests (chemical analysis, such as: chemical composition, corrosion resistance, flammability, etc.)		
<input type="checkbox"/> Physical tests (mechanical, thermal and electrical properties, such as: density, hardness, viscosity, melting point, moisture content, layer thickness non-destructive, etc.)		
<input type="checkbox"/> Metallurgical testing (metallography – microstructure examination, layer thickness destructive, scanning electron microscopy, etc.)		
<input type="checkbox"/> Geometric testing (measurement of geometric features e.g. simple length measurement, measuring and digitizing in 3D, etc.)		
<input type="checkbox"/> Reliability tests/functional tests (e.g.: durability tests, etc.)		
<input type="checkbox"/> Other tests (e.g.: 100% camera tests, etc.)		

9.2 Are laboratory facilities used externally? If yes, please indicate.	<input type="checkbox"/>	<input type="checkbox"/>
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<b>10. Which measuring and evaluation equipment does the supplier have?</b>		

<b>11. REACH and RoHS conformity</b>	Yes	No
11.1 Can you confirm that the products delivered by you are REACH compliant?	<input type="checkbox"/>	<input type="checkbox"/>
11.2 Can you confirm that the products delivered by you are RoHS compliant?	<input type="checkbox"/>	<input type="checkbox"/>

