

For:

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Contact:

Purchasing:

Preliminary information

Due to a continuously positive order situation, our house would like to expand its supplier base to rank and compare old and new suppliers. The ranking will look at quality, adherence to delivery dates, prices as well as company structure and capacity. The ranking will allow us to define a preferred supplier status. In the future, the preferred supplier will be allowed to hand in the first bid.

To have your company take part in the supplier selection process, please fill out the supplier questionnaire and send it back to us. It goes without saying that your data will be treated confidentially and will only be used for our house-internal evaluation.

Part 1

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General Data

1.	Supplier's address		
2.	Phone number / Fax number / eMail address		
3.	Contact:	General management	
		Sales management	
		Quality management	
		Staff personnel	
		/ Name substitute for every department!	
4.	Company profile: Established in:		
	Legal form		
	indep./parent company		
	and/or Subsidiary		
	Turnover in Mio. €/ Export percentage (%)	'07 / %	'08 / %
			'09 / %
	Turnover with centrotherm	'07	'08
			'09
	Number of employees	Admin:	Production: QS:
5.	Do you have your own product development?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
6.	Who are your five top customers?	1.)	2.)
		3.)	4.)
		5.)	
7.	Who are your most important suppliers?		
8.	Where are your production locations based (complete address)? (continue on annex, if necessary)		
9.	Are centrotherm's terms and conditions met in full?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, what are the reasons?
10.	Are you currently or were you in the past supplier of centrotherm?	Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, what did you supply?

Part 2

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Quality Assurance

1.	Is your quality management system certified? If yes, please continue with questions 11 - 14.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Acc. to DIN ISO? valid thru
2.	Have other companies run audits and given you a positive evaluation? If yes, please continue with questions 11 - 14.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Which company?
3.	Do you have a quality management manual?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
4.	If you have no quality management manual, do you have a different type of description for your quality management system?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
5.	Do you work with test reports?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> sometimes	
6.	Do you work with Initial sample inspection reports?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> sometimes	
7.	Do you periodically carry out incoming inspections?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
8.	Are regular production control processes implemented?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
9.	Are systematic final checks carried out?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
10.	Are the production facilities regularly monitored?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
11.	Does your technical documentation meet standards which make an indemnification verification possible in case of litigation based on legal liability?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> sometimes	
12.	Is retraceability to your suppliers properly documented?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> sometimes	
13.	Do you use your own shipping vehicles?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> sometimes	
14.	Is your eco-management system certified?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
If so, please attach a copy of your valid environmental statement and/or certificate. Further questions need not be answered.			

Part 3 = Production environment

(Only to be filled out by production companies.)

1.	List here your production facilities:
2.	Parts of your production which have been outsourced (percentage):
3.	List of available production machinery:
4.	Evaluate your current production capacity utilization: <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high
5.	Evaluate your possibilities to increase production capacity: <input type="checkbox"/> short-term <input type="checkbox"/> medium-term <input type="checkbox"/> long-term <input type="checkbox"/> not possible

Editor: _____ Function: _____
 Phone: _____ Fax: _____
 Location: _____ Date: _____ Signature: _____

Firm stamp: