|  |  |  |
| --- | --- | --- |
|  | **SUPPLIER SELF-ASSESSMENT** | Date:Filled by: |
| **SECTION A - GENERAL** |
| Full Company Name: |  |
| Plant Address/s: |  |
| Office Address (If Different): |  |
| Company website: |  |
| Products Or Services Proposed/Supplied To IPA (business scope) |
| … |
| Part Of A Group (Y/N): |  | If Yes, Name Group: |  |
| Data Established: |  | Company type (Manufacturer / Stockist / Agent): |  |
| Total Employees: |  | Direct: |  | Indirect: |  | Quality: |  |
| Main contacts |
| Name | Title | Phone | E-mail | Other |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Company performance data last 4 years (data is mandatory, please comment calculation method) |
| Turnover: |  |  |  |  | Currency: |  |
| On time delivery (%): |  |  |  |  | Comments: |  |
| Quality PPM |  |  |  |  | Comments: |  |
| Company approvals (Please enclose copies of certificates) |
| Standard | Approved (Y/N) | If Yes, Expiry date | Plan go for it (Y/N) | Planned date | Comments |
| ISO 9001 |  |  |  |  |  |
| ISO 14001  |  |  |  |  |  |
| OHSAS 18001 |  |  |  |  |  |
| ISO/TS 16949 |  |  |  |  |  |
| IRIS |  |  |  |  |  |
| EN 15085 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| SECTION B – MANAGEMENT SYSTEM  |
| **Please response YES / NO / NA and add short description of approach.** |
| **Question** | **YES / NO / NA** | **Description of approach and other comments**(comments are mandatory) |
| Do you have a Management System Manual? |  |  |
| Do you management system covers Health & Safety? |  |  |
| Do you management system covers Environmental aspects? |  |  |
| Do you management system covers Risks management? |  |  |
| Do you have a Training System for staff to ensure they are adequately trained for the work? |  |  |
| Does Your personnel hold valid certificates such as welder's certificates, NDT operator's certificates, brazer's certificates, IPC certificates or similar? Please provide existing certificates. |  |  |
| Do you have system to control Housekeeping issues (5S)? |  |  |
| Do you use Lean Manufacturing principles/tools? Please comment the implemented initiations? |  |  |
| Do you perform quality inspection for incoming goods? |  |  |
| Do you perform production process quality control (SPC, inspection)? |  |  |
| Do you perform quality inspection for outgoing goods? |  |  |
| Do you have documented work instructions for manufacturing? |  |  |
| Do you use document control system for product technical documents (drawings, specifications)? |  |  |
| Is Measurement and Test Equipment Calibrated? |  |  |
| Is Advanced Quality Planning (APQP) carried out? |  |  |
| Do you have PPAP/FAI experience and capability? |  |  |
| Do you have Automotive IMDS experience and capability? |  |  |
| Do you have experience and capability to use Quality Tools (FMEA, Control Plan, Cpk, MSA)?  |  |  |
| Identification and traceability implemented for products (product level, patch level)? |  |  |
| Are Certificates of Conformance supplied with all products batches? |  |  |
| Are the declarations regarding legal requirements (CE, RoHS, REACH, Conflict Minerals etc) available and supported with technical data? |  |  |
| Do you use subcontractors for current project? |  |  |
| Is there a formal Corrective Action system (PDCA, 8D, 7-step etc)?  |  |  |
| Is there a formal Customers Claims handling system? Please comment response targets? |  |  |
| Are Internal Audits carried out to an Annual Schedule? |  |  |
| Additional information (enter any information you feel may be beneficial): |
| **SECTION C - DECLARATION** |
| Is your company willing to accept a visit from IPA to assess your facilities?YES / NO |
| The preceding information has been completed by the undersigned and is correct at the time of self-assessment. |
| Signed: | Name: | Position: | Date: |
| **SECTION D – IPA INTERNAL USE ONLY** |
| RISKS / COMMENTS / CORRECTIVE ACTION REQUIRED: |
| SELF-APPRAISAL CATEGORY: A = ACCEPTABLE WITHOUT VISIT B = ACCEPTABLE FOR SUPPLY WITH FOLLOW-UP VISIT C = VISIT REQUIRED PRIOR TO PLACING ORDERS D = NOT ACCEPTABLE WITHOUT CORRECTIVE ACTION |  |
| PURCHASING APPROVAL:Supplier is capable supply products according needed quantities, deadlines and purchasing requirements. | Name: | Date: |
| QUALITY APPROVAL:Supplier is capable supply conforming products according industry-relevant requirements. | Name: | Date: |
| FINANCE APPROVAL:Supplier's financial situation is satisfactory and allows for long-lasting business relationship. [www.krediidiinfo.ee](http://www.krediidiinfo.ee)  | Name: | Date: |