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|  | | | | | | **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 | | | |
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| 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 |  | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | |
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| 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: | | | | |