

General:

Address:		
Phone:		
Email:		
Internet:		
D&B D-U-N-S® No.:		
Tax number (VAT):		
Founding year:		
Parent company:		
Important industries:		
Number of employees:		
Production capacity:		
Production locations:		
Bank Account:		
Role:	Name:	Contact details:
Managing Director:		
Production Manger:		
Quality Manager:		
Environmental Officer:		
Key Account Manager:		
Product Safety Manager (Product Safety and Conformity Representative / PSCR)*:		

*please provide training confirmation

Date:	Signature Managing Director:	Company Stamp:

#	Questions	Answers	
1	What is the sales volume in the automobile sector (in Euro)?		
2	What is the sales volume in the automobile sector in relation to total turnover (in Euro)?		
3	Is your company ISO 9001:2015 certified? (please forward copies of all certificates)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, when do you plan the certification?		
4	Are further management systems implemented? (please forward copies of all certificates)	<input type="checkbox"/> IATF 16949	
		<input type="checkbox"/> ISO 14001	
		<input type="checkbox"/> ISO 50001	
		<input type="checkbox"/> ISO 17025	
		<input type="checkbox"/> ISO 45001	
		<input type="checkbox"/> ASI	
5	Can your production capacity meet our needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Do you implement regular internal audits in your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, do you allow access to the audit reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Has your company a business continuity plan? (being prepared for catastrophes, emergency plan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Has your company a design and/or development department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Do you regularly and verifiably ensure complete traceability of the delivered products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Does production monitoring regularly take place and are the results traceable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Are systematic final checks implemented and are the results traceable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is a complete traceability of the delivered products guaranteed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Do you apply procedures for identifying, initiating and prosecuting immediate correction and prevention measures in the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Is there a regular and verifiable monitoring of your production facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	What is the sum of the product liability insurance in Euros?		
16	Is your documentation designed in such a way that proof of exoneration can be provided in case of a product liability claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	Have you implemented a procedure to identify the legal and regulatory relevant requirements for your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18	Do you regularly assess compliance the legal and regulatory relevant requirements for your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19	Has your company its own customer service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20	Do you deliver with your own fleet of vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21	Do you regularly assess compliance with the principles of the GADSL list that are relevant to your company? (https://www.gadsl.org/)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Have you implemented a ready formulated code of conduct? (If yes, please forward a copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no, when do you plan the implementation		
23	Has the company its own development department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No