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|  | **General Information** |
| **1** | **Contact**  Company name:  Address:  Telephone:  Fax:  Internet Homepage:  D&B Number:  *Key contacts (incl. phone numbers and email addresses)*   * Plant Manager:       Language Skills: * Program Manager: * Project Eng.: * Sales: * Quality: * Supply Chain |

**Solero Technologies Supplier Questionnaire**

*To be fulfilled by Solero Technologies:*

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| **Evaluation of Supplier Questionnaire** | |
| supplier suitable for progressing  supplier not suitable for progressing  supplier suitable for progressing with conditions  Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name/Date/Signature Purchasing: |  |
| Name/Date/Signature Quality: |  |
| Name/Date/Signature Engineering: |  |

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| **2** | **Employee Categorization**   * Total number of employees: * Direct:       Indirect:       Management: * Engineers: * Number of Program Managers:   **Please, supply an organization chart.**  Please, specify the shift patterns and hours that are worked by the shop floor personnel.        Are your employees represented by a union?  *Yes*  *No*  Name of the Union:       Contract Expiration Date: |
|  | **Commercial Information** |
|  | **Company Profile**   * Date company founded: * Legal form: * Ownership (Parent): * *public*       *private* * Company revenue/turnover of last three years:     Company revenue/turnover planned for the current and the next two years    Company [%] of sales coming from Internal Combustion Engines (ICE) systems/components for the current and the next two years     * List of main **products / services** offered and related [%] of sales:             Production Location in: |

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| **4** | **Principal Suppliers**  List of main suppliers for products and services and related [%] of sales: | | |
| **5** | **Principal Customers**  Please, highlight your major customers, their business and related [%] of sales. | | |
| Name | Business | % of sales |
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| Please, indicate what percentage of your business is       Export  Please, indicate what percentage of your business is       Automotive | | |
| **6** | **Plant size (m2 / sq. ft.)**   * Building area utilized for offices and production * Percentage       *owned*       *rented*. | | |

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| **7** | | **List of main equipment / machinery** | | | | |
| *Manufacturer* | | *Type* | | *Age* |
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| **8** | | **Describe your processes that represent your key competences.**  *In-house:*            *Subcontracted:*              **Describe your bottleneck processes.** | | | | |
|  | | **Describe your special processes (acc. to CQI).** | | | | |
| **9** | | **Project and process planning**  Do you use techniques of project management?   *Yes*  *No* *If yes, describe briefly.* | | | | |
|  | | Do you develop software or products with embedded software?  *Yes*  *No* If yes, do you have a software development process   including methods to evaluate the software development process?  *Yes*  *No*  If yes, which development process are you following? | | | | |
| **10** | **IT-Management --** What kind of computer systems do you have in use for: | | | | | |
|  | | *Name* | | *Version* | |
| **Production Planning and Control:** | |  | |  | |
| **CAM:** | |  | |  | |
| **CAD:** | |  | |  | |
| **CAQ:** | |  | |  | |
| **EDI:** | |  | |  | |
| **Others:** | |  | |  | |
| **11** | **Logistics**  Are you working according to the **First In First Out** **principle**?  *Yes*  *No*  Are you prepared to operate **Just In Time / Kanban** if necessary?  *Yes*  *No*  Are you prepared to operate **Consignment Stock / Vendor Managed Inventory**?  *Yes*  *No*  Are you prepared to support our business with **Overtime** if necessary?  *Yes*  *No* | | | | | |
|  | What was/is your average **Delivery / Service Performance** for all customers?  Last year       *% on time* **/** current year       *% on time*  Number of special freights caused by yourself last year?  Any other measurable regarding on-time delivery / service performance?  If yes, *describe briefly* | | | | | |
|  | Is a permanent availability of your Supply Chain staff granted, especially in emergency situations?  Yes  No  If existing, please add a contact list of your Supply Chain staff with phone-, fax-, mobile phone numbers, e-mail-addresses and time of availability. | | | | | |
|  | **Distribution/Shipping**  Do you have the capability to use barcode labels according to VDA 4902 and/or Odette?  *Yes*  *No*  **Traceability**  *Yes*  *No*  Do you have the capability of complete traceability of automotive parts and identification of technical construction according to VDA 5005?  *Yes*  *No*  **Self-Assessment**  Have you implemented the self-assessment of Global Materials Management Operations Guidelines / Logistics Evaluation (GMMOG/LE) in your company?  *Yes*  *No*  If yes:  When did you make your last self-assessment:  What final performance of the GMMOG/LE did you get?  **Please supply the performance sheet with the final result of GMMOG/LE**  **ABC Classification:**       **Final Score:**       (max 351 points)      % | | | | | |

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|  | **Quality Management System** | | | |
| **12** | Is your **Quality System audited by customers**?  *Yes*  *No* | | | |
| *If yes,* | *Customer name* | *Date* | *Evaluation* |
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| **13** | Do you comply with a recognized **Quality Standard**?  *Yes*  *No*  If yes, check yes for all of those that apply. ISO 9001  *Yes*  *No*  IATF 16949  *Yes*  *No*  Other:        *Yes*  *No*  **Please, supply copy of certificate.** | | | |
|  | If no, do you plan a certification?  Yes, planned date:  No, the management system shall be developed in accordance with the requirements of IATF 16949  No, no further actions planned | | | |
| **14** | Who is your **Management Representative** responsible for quality? | | | |
| **15** | Do you have **Product Liability Insurance**?  *Yes*  *No*  If yes, how much is the insured capital for consequential damage      € / $  Is this including recall activities?  *Yes*  *No* | | | |
| **16** | Is your Quality Management System described in a **Manual**?  *Yes*  *No* | | | |
| **17** | Do you review contracts prior to contract or order acceptance?  Yes  No  If so, describe briefly. | | | |
| **18** | Do you have written and controlled **Operating Procedures**?  *Yes*  *No* | | | |
| **19** | Do you have written and controlled **Operator Work Instructions**?  *Yes*  *No*  If yes, are these available at the working area?  *Yes*  *No* | | | |
| **20** | Do you have written and controlled **Inspection Instructions**?  *Yes*  *No*  If yes, are these available at the working area?  *Yes*  *No* | | | |
| **21** | Do you have layered Audits?  *Yes*  *No* | | | |
| **22** | Do you use Error Proofing and Poke Yoke systems?  *Yes*  *No*  Do you use **SPC**?  *Yes*  *No*  If yes, what type of control charting is used?  If no, which other kind of in-process control do you operate?  *Describe briefly* | | | |
| **23** | Is your inspection equipment subject to a formal  **Calibration Routine**?  *Yes*  *No*   * Is it calibrated to written instructions?  *Yes*  *No* * Are the results traceable to a known standard?  *Yes*  *No* * Are the results recorded?  *Yes*  *No* * Are Gage-R&R studies performed?  *Yes*  *No* | | | |
| **24** | Do your processes ensure **Identification and Traceability** of materials / services from receipt to dispatch?  *Yes*  *No* | | | |
| **25** | Do you have a procedure to identify and segregate **Non-conforming material / services**?  *Yes*  *No* | | | |

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| **26** | Does your Quality System ensure no deviation from contract unless authorized by your customer i.e. **Waiver/Deviation Request System**?  *Yes*  *No* |
| **27** | Does a procedure exist for **Document Change Control**?  *Yes*  *No* |

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| **28** | Do you have a **Change Management System**, especially for processes, tooling, etc.?  *If yes, describe briefly.*  *Yes*  *No* |
| **29** | Are **Capability Studies** carried out for processes, machines, services, tooling and equipment?  *Yes*  *No*  *If yes, describe briefly.* |
| **30** | Do you have a formal **Preventive Maintenance Program**?  *Yes*  *No* |
| **31** | What types of Quality Planning activities are performed for in-house and outsourced processes?   * APQP  *Yes*  *No* * Preproduction Quality Planning  *Yes*  *No* * Process Flow Charts  *Yes*  *No* * Quality Function Deployment (QFD)  *Yes*  *No* * Design FMEAs  *Yes*  *No* * Process FMEAs  *Yes*  *No* * Control Plans  *Yes*  *No* * Other  *Yes*  *No* |
| **32** | Do you have a formal **Training Program** regarding Quality Techniques?  *Yes*  *No* |

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| **33** | Do you have a formal **Continuous Improvement Program**  *Yes*  *No*  If yes, describe briefly. | | | | | | | | |
| **34** | What was/is your **Internal Scrap Rate [in PPM]?** | | | | | | | | |
| last year: | |  | current year: |  | Target current year: |  | next year: |  |
| **35** | **Customer Reject Rate** **[in PPM]?** | | | | | | | | |
| last year: |  | | current year: |  | targets current year: |  | next year: |  |
| **36** | **External Failure Costs** **[in % of sales]?** | | | | | | | | |
| last year: |  | | current year: |  | targets current year: |  | next year: |  |
| **37** | **Internal Failure Costs** **[in % of sales]?** | | | | | | | | |
| last year: |  | | current year: |  | targets current year: |  | next year: |  |
| **38** | **Number of Customer Complaints?** | | | | | | | | |
| last year: |  | | current year: |  | targets current year: |  | next year: |  |
| **39** | Do you have a formal **Corrective Action Program**?  *Yes*  *No*  *If so, describe briefly.*          Average number and percentage of out-standing corrective action reports last 6 month:   number:       percentage:      % | | | | | | | | |
| **40** | How do you ensure that your **Quality System** is consistently **effective**? | | | | | | | | |
|  | **Legal Requirements** | | | | | | | | |
| **41** | Which special legal requirements are applicable in the country of origin (environment, regulations for health & safety etc.)? | | | | | | | | |

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|  | **Environmental-, Energy-, Safety Management System** |
| **42** | |  |  |  |  | | --- | --- | --- | --- | |  | Environmental Management | Energy Management | Safety Management | | Certification existing? *pleas add certificate* | DIN EN ISO 14001 | DIN EN ISO 50001 | OHSAS 45001 | | EMAS | EMAS | others | | others | others | none | | none | none |  | | Please answer the following questions if no certification is existing: | | | | | Certification planned? | No  Yes, Date | No  Yes, Date | No  Yes, Date | | Do you have guidelines such as policy and programs for environment/energy/safety) | Yes  No  Comments: | Yes  No  Comments: | Yes  No  Comments: | | Have you defined targets to improve its environmental/ energy/safety performance? | Yes  No  Comments: | Yes  No  Comments: | Yes  No  Comments: | | Are the processes concerning environment, energy and safety audited regularly? | Yes  No  Comments: | Yes  No  Comments: | Yes  No  Comments: | | Are your employees trained on a regular basis about environmental protection/energy management/safety? | Yes  No  Comments: | Yes  No  Comments: | Yes  No  Comments: | |
| **43** | If you are a producer or importer into the EU, are you in compliance with the **REACH** (Registration, Evaluation, Authorization and Restriction of Chemicals) regulations that went into effect July 1, 2007 including any obligation to register certain substances, the appointment of Only Representatives (OR); and the specific reporting requirements for SVHC (Substances of Very High Concern)?  Yes  No  Not applicable |
|  | **Completed By** |
| **44** | Name:  Position:       Date: |