|  |  |
| --- | --- |
|  | **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 conditionsExplanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| 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[ ]  NoIf 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* |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
| **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 [ ]  NoIf 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** |

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|  | EnvironmentalManagement | EnergyManagement | SafetyManagement |
| 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[ ]  NoComments:       | [ ]  Yes[ ]  NoComments:       | [ ]  Yes[ ]  NoComments:       |
| Have you defined targets to improve its environmental/ energy/safety performance? | [ ]  Yes[ ]  NoComments:       | [ ]  Yes[ ]  NoComments:       | [ ]  Yes[ ]  NoComments:       |
| Are the processes concerning environment, energy and safety audited regularly? | [ ]  Yes[ ]  NoComments:       | [ ]  Yes [ ]  NoComments:       | [ ]  Yes[ ]  NoComments:       |
| Are your employees trained on a regular basis about environmental protection/energy management/safety? | [ ]  Yes[ ]  NoComments:       | [ ]  Yes[ ]  NoComments:       | [ ]  Yes [ ]  NoComments:        |

 |
| **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:       |