

**1) Company address:**

Company	
Street	
Postcode	
City	
Country	
Phone	
Fax	
E-mail	
Website	

**2) General Company Data:**

Legal form	
Company registration number	
Place of registration	
Group affiliation	
1 <sup>st</sup> Production site	
2 <sup>nd</sup> Production site	
3 <sup>rd</sup> Production site	
4 <sup>th</sup> Production site	
5 <sup>th</sup> Production site	

Is your company registered under the Data Universal Numbering System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, DUNS number		

Bank details	
Bank	
IBAN	
SWIFT - BIC	
VAT registration number	
Tax identification number	

**Processed by** (Dept, name | date):

QMLL, Mr. Fuchs

07/28/2017

**Cleared by** (Dept, name | date):

A-EK, Mr. Heiss

08/02/2017

**Replacing** (Doc ID, version):

0702 0391 410, Index 4



3) Person in company responsible for

Management			
Name			
Phone		Mobile	
E-mail			

Sales			
Name			
Phone		Mobile	
E-mail			

Development			
Name			
Phone		Mobile	
E-mail			

Production			
Name			
Phone		Mobile	
E-mail			

Quality Management			
Name			
Phone		Mobile	
E-mail			

Environmental Protection			
Name			
Phone		Mobile	
E-mail			

Product Safety Representative			
Name			
Phone		Mobile	
E-mail			

Logistics			
Name			
Phone		Mobile	
E-mail			

Order Processing			
Name			
Phone		Mobile	
E-mail			



**4) Company size:**

Total number of staff:			
Administration staff		Production staff	
Construction design/development staff		Quality management staff:	
Production area:			

**5) Company Information:**

Piece production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Small-scale serial production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Qty.
Mass production?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Qty.
Your core competencies			
Production techniques			

Do you operate a sample and/or prototype manufacturing department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of shifts per week (utilised capacity)	%	
Your free capacity?	%	
Does your business plan include any necessary investments regarding new demands on machinery/equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Sales trend over the last 3 years		year		year		year
		€/m		€/m		€/m
Share of sales automotive		%		%		%
Share of sales export		%		%		%

Reference customers	
Reference customers from the automotive industry	



**6) Product liability insurance**

	Yes	No		
Are staff in your company familiar with the principles of product liability?	<input type="checkbox"/>	<input type="checkbox"/>	planned	Amount of cover
Do you have product liability insurance? (Please include a copy of the policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the product liability insurance cover product recall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**7) What material do you mainly process?**

Substance/material	
Quality/properties	
Material thicknesses:	
Other:	

**8) Surface treatment:**

Do you carry out surface treatment in-house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please include external partners with names and addresses as an attachment.			
Coating - zinc lamellar	in-house <input type="checkbox"/>	Coating - zinc-nickel	in-house <input type="checkbox"/>
Coating - hot dip galvanising	in-house <input type="checkbox"/>	Coating - zinc-phosphatising	in-house <input type="checkbox"/>
Coating - galvanic	in-house <input type="checkbox"/>	Coating - mechanical	in-house <input type="checkbox"/>
Pickling	in-house <input type="checkbox"/>	Coating - black oxide	in-house <input type="checkbox"/>
Coating - cathodic dip coating	in-house <input type="checkbox"/>	Coating - ACC	in-house <input type="checkbox"/>
Coating - wet paint	in-house <input type="checkbox"/>	Coating - powder	in-house <input type="checkbox"/>

Do you carry out heat treatment in-house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annealing	Yes <input type="checkbox"/>	
Hardening	Yes <input type="checkbox"/>	
Tempering	Yes <input type="checkbox"/>	
Nitriding	Yes <input type="checkbox"/>	
Other?		



**9) What laboratory and testing facilities do you provide?**

Do you have your own test laboratory?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemical analysis	Yes <input type="checkbox"/>	Tensile testing	Yes <input type="checkbox"/>
Vickers hardness test (HV)	Yes <input type="checkbox"/>	Notch impact test	Yes <input type="checkbox"/>
Brinell Hardness Test (HBW)	Yes <input type="checkbox"/>	Microhardness Testing	Yes <input type="checkbox"/>
Coat thickness measuring	Yes <input type="checkbox"/>	Ultrasonic testing UT	Yes <input type="checkbox"/>
Salt spray test	Yes <input type="checkbox"/>	Condensation testing subject to climatic changes	Yes <input type="checkbox"/>
MT-testing (magnetic particle testing)	Yes <input type="checkbox"/>	PT (Dye penetrant testing)	Yes <input type="checkbox"/>
Other			

**10) Data Processing equipment:**

CAD systems	
CAD data exchange	
ERP system	
Remote data transmission/EDI	
CAQ system	

**11) Welding**

Has compliance with the Quality Requirements for Welding been certified? (Please include copy of up-to-date certificate, e.g. DIN EN ISO 3834-2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What company verification for welding do you have? (Please include copies of up-to-date certificates, e.g. DIN EN 1090-2)		
Do your welders have up-to-date test certificates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your company have a named welding supervisor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**12) Logistics:**

Does your company implement a FIFO-system (first in, first out)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you able to produce tagging labels in accordance with VDA 4902, including barcode 39?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have policies regulating the storage of products (e.g. storage life, specific storage types etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have policies regulating the packaging of products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have special policies regulating the handling of delicate parts (e.g. coated, polished surfaces etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**13) Quality management:**

Do you have a quality management system?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this QM system certified?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you intend to set up a QM system?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which requirement levels does/will your QM system meet? (Please include a copy of the certificate)			
ISO 9001	Yes <input type="checkbox"/>	valid to: <input type="checkbox"/>	Date:
	No <input type="checkbox"/>	planned from: <input type="checkbox"/>	Date:
QA 9000	Yes <input type="checkbox"/>	valid to: <input type="checkbox"/>	Date:
	No <input type="checkbox"/>	planned from: <input type="checkbox"/>	Date:
VDA 6.1	Yes <input type="checkbox"/>	valid to: <input type="checkbox"/>	Date:
	No <input type="checkbox"/>	planned from: <input type="checkbox"/>	Date:
ISO TS 16949 / ITAF 16949	Yes <input type="checkbox"/>	valid to: <input type="checkbox"/>	Date:
	No <input type="checkbox"/>	planned from: <input type="checkbox"/>	Date:

Do you have an organisation chart illustrating roles and responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a representative for product safety named?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can documentary proof be archived in your company for 15 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there policies on the approval, labelling, monitoring and calibration of test equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you conduct measurement system und equipment capability studies (R&R / MSA / $c_{gk}$ )?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does proof of qualification exist for the staff in question?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**14) Audits**

Has your company been audited by external bodies (authorities, companies, clients) in the past three years? (Please include a copy of the audit results)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you conduct audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, what types?

Internal	system audits:	<input type="checkbox"/>	
Internal	process audits:	<input type="checkbox"/>	
Internal	product audits:	<input type="checkbox"/>	
External	supplier process audits:	<input type="checkbox"/>	in accordance with VDA 6.3 <input type="checkbox"/>
External	supplier potential analyses:	<input type="checkbox"/>	in accordance with VDA 6.3 <input type="checkbox"/>

Do you conduct FMEAs in your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, what types?

Design	FMEA	<input type="checkbox"/>
Process	FMEA	<input type="checkbox"/>
System	FMEA	<input type="checkbox"/>



Do you continuously monitor the process parameters during the various production phases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you apply statistical methods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you conduct machine capability analysis (C <sub>mk</sub> )?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you conduct process capability analysis (C <sub>pk</sub> )?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you inspect your own production on the basis of written specified test instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are test results recorded and archived?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a final test conducted prior to delivery, and are the results documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the traceability of your individual products guaranteed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how?		
Are suppliers audited and assessed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an initial sample process (e.g. in accordance with VDA Booklet 2)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use Q-techniques for error cause analyses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, which Q-techniques?		
Do you apply the 8D method for customer complaints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**15) Environmental protection, industrial safety and energy:**

Does your company have a validated and/or certified environmental management system? (Please include copy of up-to-date certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is product entry in the IMDS possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you guarantee REACH conformity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do environmental protection aspects form an inherent part of your product and process planning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are your products and processes free from hexavalent chromium in accordance with the EU Directive on end-of life vehicles (2000/53/EC/end-of life vehicles)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a named occupational health and safety officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do all your members of staff receive regular occupational health and safety training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an energy management system? (e.g. according to DIN EN ISO 50001 – if so, please include a copy of your valid certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you appoint an energy management officer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there regular energy management instructions and trainings for your employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your company have a validated and/or certified occupational health and safety management system? (Please include copy if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your company OHSAS 18001 certified? (Please include copy of up-to-date certificate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**16) Auditing**

Do you agree to F.X. Meiller conducting their own system, process or product audits in your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**17) Documents attached:**

Annual report:	<input type="checkbox"/>	Organisation chart:	<input type="checkbox"/>
List of references:	<input type="checkbox"/>	List of machines:	<input type="checkbox"/>
Company brochure:	<input type="checkbox"/>	Certificate ISO 50001	<input type="checkbox"/>
QM certificates:	<input type="checkbox"/>	Environmental certificates:	<input type="checkbox"/>
Welding verification certificates:	<input type="checkbox"/>	Quality prices:	<input type="checkbox"/>
Audit results: (of the last 3 years)	<input type="checkbox"/>	Product liability insurance:	<input type="checkbox"/>
List of sub-contractors for surface coating:			<input type="checkbox"/>
List of sub-contractors for contract manufacture:			<input type="checkbox"/>

**18) Miscellaneous** (e.g. suggestions and anything else you would like to tell us)


**By signing this document you confirm that all the information provided is true and correct.**

.....  
(Place, date)

.....  
(Name, position)