



# SUPPLIER EVALUATION Questionnaire

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## IDENTIFICATION

Company name : \_\_\_\_\_ Legal status : \_\_\_\_\_  
Activity : \_\_\_\_\_ Country of establishment : \_\_\_\_\_  
Address : \_\_\_\_\_  
Sector activity (customers) : \_\_\_\_\_ Subsidiaries : \_\_\_\_\_  
Country of establishment (subsidiaries) : \_\_\_\_\_  
Number of employees : \_\_\_\_\_ Turn over : \_\_\_\_\_  
We provide ☐ Parts without protection ☐ Parts with protection ☐ Others : \_\_\_\_\_  
☐ Consumable of production ☐ Surface treatment ☐ Raw materials  
If consumables of production, which brands distributed : \_\_\_\_\_

## INNOVATION, PRODUCTION AND TECHNOLOGY

Research department : ☐ Yes ☐ No  
Production volumes : \_\_\_\_\_ Production capacity : \_\_\_\_\_  
Park machine : ☐ Sheet metal laser ☐ Tube laser ☐ Folding machine ☐ Bender tube  
☐ Stamping press ☐ Machining center ☐ Cataphoresis line ☐ Seamer  
☐ Galvanising line ☐ Paint line ☐ Other : \_\_\_\_\_

## BUSINESS STRATEGY

Progress Plan : \_\_\_\_\_  
Short term development : \_\_\_\_\_  
Medium term development : \_\_\_\_\_  
Long-term development : \_\_\_\_\_

## ENVIRONMENT

Environment manager : \_\_\_\_\_ Substitute : \_\_\_\_\_  
Email : \_\_\_\_\_ Phone : \_\_\_\_\_  
1/ Are you ISO 14001 : ☐ certified ? (please enclose a copy of your certificate)  
☐ planned ? deadline : \_\_\_\_\_  
(please enclose a copy of the agreement with your certification body)  
☐ not planned.  
2/ ☐ You are already registered in the IMDS system Your registration number : \_\_\_\_\_  
IMDS manager in your company : \_\_\_\_\_ Substitute : \_\_\_\_\_  
Email : \_\_\_\_\_ Phone : \_\_\_\_\_  
Have you already made IMDS declarations ? ☐ Yes ☐ No  
For parts with surface treatment ? ☐ Yes ☐ No  
Type (s) of surface treatment : \_\_\_\_\_  
☐ You are not registered in the IMDS system  
Do you know the IMDS reporting process ? ☐ Yes ☐ No  
Is the IMDS declaration part of your projects ? ☐ Yes - deadline : \_\_\_\_\_ ☐ No  
Contact person in your company regarding the chemical composition of materials used in the manufacture of parts (including surface treatment) :  
Contact name : \_\_\_\_\_ Substitute : \_\_\_\_\_  
Email : \_\_\_\_\_ Phone : \_\_\_\_\_



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## QUALITY

Quality manager : \_\_\_\_\_

Substitute : \_\_\_\_\_

Email : \_\_\_\_\_

Phone : \_\_\_\_\_

3/ Are you :

a/ ISO 9001 : ☐ certified ? (please enclose a copy of your certificate)  
☐ planned ? deadline : \_\_\_\_\_  
(please enclose a copy of the agreement with your certification body)  
☐ not planned.

b/ IATF 16949 : ☐ certified ? (please enclose a copy of your certificate)  
☐ planned ? deadline : \_\_\_\_\_  
(please enclose a copy of the agreement with your certification body)  
☐ not planned.

c/ Others certifications : ☐ EN 9100 ☐ EN1090 ☐ EN15085 ☐ ISO/TS 22163 (IRIS)  
☐ certified ? (please enclose a copy of the agreement with your certification body)  
☐ planned ? deadline : \_\_\_\_\_  
(please enclose a copy of the agreement with your certification body)  
☐ not planned.

d/ Approved according to customer standards : \_\_\_\_\_  
☐ approved ? (please enclose a copy of your customer approvals)  
☐ in the course of certification ? deadline : \_\_\_\_\_  
(please enclose a copy of the document provided by your customers)

4/ If you are neither ISO TS 16949 certified, nor approved according to automotive customer standards :

a/ Do you deliver some customers in serial production ? ☐ Yes ☐ No

b/ Do you deliver security / critical parts / regulated parts ? ☐ Yes ☐ No

c/ Do you use the following methods :	Yes	Known but not implemented	Not known
FMEA :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control plan :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical process capability - SPC :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement system analysis - MSA :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial sample approval - PPAP :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Filed by

Name :	Position :	Date :