



D01QS016

Supplier-No.

Company's self information

1. Company name: Tel.No.: Fax No.:

- We manufacture

- We currently employ: .
 in production .
 quality service .

- We deal with:
 sales: Tel.No.:
 quality dept.: Tel.No.:

2. Our quality management (please tick)

yes / no

- We have a quality system yes / no
- It is based on DIN ISO 9000 yes / no
- It is certified acc. DIN 9001 (attach certificate) yes / no
- Certification is expected by yes / no
- Other certificates (VDA 6.1 / 6.2 - QS 9000 – ISO TS 16949 etc. attach certificate) yes / no
- We agree to be audited yes / no

3. Product liability (please tick)

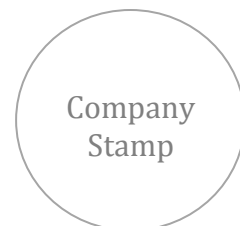
- Do you have a liability insurance ? yes / no

4. Quality assurance agreement (please tick)

- We are prepared to sell you a product free
 of flaws in a partnership spirit + to sign a
 quality agreement yes / no

The supplier:

Signature: Date:





If your company is certificated, question 5 need not be answered.

5. Questions regarding quality system (please tick)	yes	/	no	Annotation
- Is QA independent from production ?	<input type="checkbox"/>		<input type="checkbox"/>
- Is there a quality planning ?	<input type="checkbox"/>		<input type="checkbox"/>
- Do you compile testing manuals ?	<input type="checkbox"/>		<input type="checkbox"/>
- Is there a modification procedure ?	<input type="checkbox"/>		<input type="checkbox"/>
- Are gauges/testing tools required available ?	<input type="checkbox"/>		<input type="checkbox"/>
- Do they undergo calibration at regular intervals ?	<input type="checkbox"/>		<input type="checkbox"/>
- Are you keeping inspection data?	<input type="checkbox"/>		<input type="checkbox"/>
- Is there an incoming inspection ?	<input type="checkbox"/>		<input type="checkbox"/>
- Is there an inspection during production ?	<input type="checkbox"/>		<input type="checkbox"/>
- Are defective parts clearly marked ?	<input type="checkbox"/>		<input type="checkbox"/>
- Do you prepare 1st samples acc. VDA, vol.2 ?	<input type="checkbox"/>		<input type="checkbox"/>
- Do you investigate causes for defect + take steps to avoid repetition ?	<input type="checkbox"/>		<input type="checkbox"/>
- Are you using statistical methods ?	<input type="checkbox"/>		<input type="checkbox"/>
- Is traceability of products under control ?	<input type="checkbox"/>		<input type="checkbox"/>
- Are all claims taken care of ?	<input type="checkbox"/>		<input type="checkbox"/>
- Are you in keeping with legal/environmental regulations ?	<input type="checkbox"/>		<input type="checkbox"/>
Are you reviewing cost due to quality assurance ?	<input type="checkbox"/>		<input type="checkbox"/>
- Do you include quality requirements when outsourcing ?	<input type="checkbox"/>		<input type="checkbox"/>

Responsible person: **Date:**

(not to be filled in !)

Decision: *supplier is acceptable* __

Annotation: *your data will be treated in confidence + are not accessible to 3rd parties*

signature: *Dep.: QA date:*

signature: *Dep.: Purchase date:*