

ASSESSMENT OF IMPLEMENTATION OF QUALITY, ENVIRONMENTAL, AND SAFETY AND HEALTH MANAGEMENT SYSTEMS

SUPPLIER: Company name:

 Street:

 ZIP code: Place:

 Tel.: Fax:

Services provided:

Part 1: QUALITY ASSESSMENT

1.	Have you implemented and obtained a certification of your quality management system? a) YES – IATF 16949 or VDA 6.1 – Please send us a copy of the certificate and skip the remaining questions in this part. b) YES – ISO 9001– Please send us a copy of the certificate and skip the remaining questions of this part. c) NO	100 points 95 points 0 points
2.	Do you monitor customers' needs and requirements (do you take measures)? a) YES b) NO	10 points 0 points
3.	Do you perform supplier selection and quality control of delivered products? a) YES b) NO	10 points 0 points
4.	Do you delegate responsibilities to your employees? Are they capable of performing the assigned tasks? Are they trained on a regular basis? a) YES b) NO	5 points 0 points
5.	Do your production facilities ensure that the quality requirements are fulfilled? a) YES b) NO	10 points 0 points
6.	Is a unique identification, including reverse identification, ensured (from input to output)? a) YES b) NO	10 points 0 points
7.	Do you carry out quality assessment during the process? a) YES b) NO	10 points 0 points
8.	Have you implemented a continuous improvement process? a) YES b) NO	5 points 0 points

9.	Is a timely complaint response (measure) ensured? Are complaints assessed? a) YES b) NO	10 points 0 points
10.	Is the customer care guaranteed? a) YES b) NO	10 points 0 points
11.	Have you implemented and maintained the change management? a) YES b) NO	5 points 0 points
12.	Do you perform capacity analysis before implementing a new project? a) YES b) NO	5 points 0 points
13.	Have you developed and maintained emergency plans? a) YES b) NO	5 points 0 points

Part 2: ENVIRONMENTAL MANAGEMENT

1.	Have you implemented and obtained a certification of your environmental management system? a) YES – Please send us a copy of the certificate and go to question No 6. a) NO	95 points 0 points
2.	Do you comply with all regulatory requirements concerning environment? a) YES b) WITH MINOR IMPERFECTIONS c) WITH PROBLEMS (payment of fines, failures to meet requirements regarding water and air protection, management of hazardous chemicals, waste management, etc.)	50 points 40 points 0 points
3.	Did you receive any complaints regarding the impact on the environment from the public or your employees last year and were the complaints justified? a) NO, WE DID NOT, OR THEY WERE NOT JUSTIFIED b) YES, WE DID, AND WE SOLVED THE JUSTIFIED COMPLAINTS IMMEDIATELY c) YES, WE DID, AND WE HAVEN'T SOLVED THEM YET	20 points 10 points 0 points
4.	Did an environmental accident occur in relation to your operations? a) NO, IT DID NOT, OR ONLY MINOR DAMAGE OCCURRED (proper liquidation of damage) b) YES, IT DID, AND OUR FAILURE TO REACT PROPERLY RESULTED IN DAMAGE	10 points -10 points
5.	Do you provide training to employees to increase their environmental awareness? a) YES b) NO	10 points 0 points

6.	Do you perform environmental impact assessments in relation to transport (of materials, persons, goods, etc.)? a) YES (e.g. efficiency – maximum utilization of truck capacity, age of vehicles, emission class of vehicles) b) NO	5 points 0 points
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Part 3: SAFETY AND HEALTH

1.	Have you implemented and obtained a certification of your safety and health management system? a) YES – Please send us a copy of the certificate and skip the remaining questions in this part. b) NO	100 points 0 points
2.	Do you comply with all regulatory requirements concerning the safety and health and fire protection management systems (including employee training, inspections of designated equipment, etc.)? a) YES d) WITH MINOR IMPERFECTIONS b) WITH PROBLEMS (payment of fines, failures to meet requirements)	80 points 70 points 0 points
3.	Did an occupational accident occur last year? a) NO, IT DID NOT b) YES, IT DID – the accident was caused by the employee's negligence c) YES, IT DID – the accident was caused by the employer (bad working order of equipment, lack of training, etc.)	20 points 10 points -10 points

POTENTIAL ANALYSIS

The following questions relate to the analysis of the company's potential, please fill out where applicable.

1.	Please specify the number of employees in your company.
2.	Please specify the turnover of your company.
3.	Please specify the turnover of your company in relation to automotive (in %).
4.	Please specify the current ppm value in relation to automotive.
5.	Please specify the number of employees in the quality control department.
6.	Please specify the value of internal scrap.

7.	Have you nominated a product safety representative? If yes, please specify his/her name and contact data.
8.	Please specify the date and result of the last customer audit.
9.	Do you maintain liability insurance? Please specify the insurance coverage.

COMMENTS:**Confirmation:**

We hereby confirm that the above answers in the questionnaire are correct and that they fully express the current status of the implemented systems.

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Responder

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Stamp and signature

Date: