

CUTform OÜ**Quality Assurance Department****SUPPLIER QUALITY SELF-ASSESSMENT**Reference
Number

Date:

SECTION A - GENERAL

Full Company Name:

Plant Address/s:

Tel:

Fax:

Office Address:
(If Different)

Tel:

Fax:

Contacts:	Name (Please Print)	Email	Telephone
Managing Director:	_____	_____	_____
Purchasing:	_____	_____	_____
Sales:	_____	_____	_____
Technical:	_____	_____	_____
Quality:	_____	_____	_____

To whom does the Quality Representative report? _____

Company Details: Private Company / Limited Company / Public Company (Delete As Applicable)

Part Of A Group: Yes / No If Yes – Please Name Group: _____

Data Established: _____ Manufacturer / Stockist / Agent

Total Employees: _____ Direct: _____ Indirect: _____ Quality Department: _____

Products Or Services Supplied To CUTform

Is the Company ISO9001 approved? YES / NO

If yes: Standard _____ Registration No. _____ Assessment Body _____

Expiry date: _____ (if applicable)

Do you hold other approvals from other Customer? YES / NO

Customer: _____ Approval : _____ Date: _____

Please enclose copies of certificate

If not approved, are you seeking approval: YES / NO

Planned Approval Date: _____ Approval Body: _____

If not approved, continue with section B.

Is the Company ISO14001 approved? YES / NO

If yes: Standard _____ Registration No. _____ Assessment Body _____

Expiry date: _____ (if applicable)

Please enclose copies of certificates

If not approved, are you seeking approval: YES / NO

Planned Approval Date: _____ Approval Body: _____

SECTION B – QUALITY SYSTEM – Do you have Documented Procedures for the following areas?

Do you have a Quality Management System?	YES / NO
Do you have a written Quality Policy?	YES / NO
Do you have a Quality Assurance / Control Department?	YES / NO
How is Inspection of the product carried out? Operator / First-off / Last-off / Sample Inspection / Other -	
Are documents controlled to prevent use of obsolete drawings / specifications etc.?	YES / NO
Do you have documented work instructions?	YES / NO
Is Advanced Quality Planning carried out?	YES / NO
Is Statistical Process Control used to control any current products?	YES / NO
Is Final Inspection carried, if so by whom?	
Is Measurement and Test Equipment Calibrated?	YES / NO
Are products adequately identified throughout the process to determine their status?	YES / NO
Are products traceable to Raw Material batches?	YES / NO
Are Certificates of Conformance supplied with all batches?	YES / NO
Is there adequate control of Sub-Contractors (if applicable)?	YES / NO
Are all parts adequately protected to prevent damage during handling, storage and delivery?	YES / NO
Are records retained for a minimum of 5 years? (if not state time they are held)	YES / NO

Is there a formal Corrective Action system and does this follow the accepted 8D Discipline Team method?	YES / NO
Are Internal Audits carried out to an audit plan and are they verified as effectively closed out?	YES / NO
Do you have a Training System and can show evidence of this working?	YES / NO
Are the Housekeeping, Health & Safety and Environment Conditions satisfactory? If you have approval to an Environmental Management System please supply details / certificate.	YES / NO

SECTION C - DECLARATION

Is your company willing to accept a visit from CUTform Quality Department to assess your facilities?

YES / NO

The preceding information has been completed by the undersigned and is correct at the time of self-assessment.

Signed:

Name:

Position:

Date:

Comments: (Enter any additional information you feel may be beneficial)

SECTION D – CUTFORM INTERNAL USE ONLY

PURCHASING APPROVAL:

DATE:

QUALITY APPROVAL:

DATE:

SELF-APPRAISAL CATEGORY:

A = ACCEPTABLE WITHOUT VISIT

B = ACCEPTABLE FOR SUPPLY WITH FOLLOW-UP VISIT

C = VISIT REQUIRED PRIOR TO PLACING ORDERS

D = NOT ACCEPTABLE WITHOUT CORRECTIVE ACTION

COMMENTS / CORRECTIVE ACTION REQUIRED.