

## SUPPLIER SELF-ASSESSMENT

### SECTION A - GENERAL

Full Company Name:

Plant Address:

Tel:

Fax:

Office Address:  
(if Different)

Tel:

Fax:

Contacts:	Name	E-mail	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 ISO 9001 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 certificates**

**If not approved:**

Are you seeking ISO 9001 approval?	YES / NO
<b>If yes, please state planned approval date</b>	
Do you have a Quality Management System?	YES / NO
Do you have a written Policy and Objectives?	YES / NO
Are documents controlled to prevent use of obsolete drawings / specifications etc.?	YES / NO
Is there adequate control of Sub-Contractors (if applicable)?	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
Do you have documented work instructions?	YES / NO
Are products adequately identified throughout the process to determine their status?	YES / NO
Is Measurement and Test Equipment Calibrated?	YES / NO
Is there a formal Corrective Action system and does this follow the accepted 8D Discipline Team method?	YES / NO
Are products traceable to Raw Material batches?	YES / NO

Is the Company ISO 14001 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 ISO 14001 approval?	YES / NO
<b>If yes, please state planned approval date</b>	
Do you have an Environmental Management System?	YES / NO

Is the Company ISO 45001 or OHSAS 18001 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 ISO 45001 or OHSAS 18001 approval?	YES / NO
<b>If yes, please state planned approval date</b>	
Do you have an Occupational Health and Safety Management System?	YES / NO

<b>SECTION B – QUALITY SYSTEM – Do you have Documented Procedures for the following areas?</b>	
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 -	
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?	
Are Certificates of Conformance supplied with all batches?	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
Does company have commitment and evidence for fighting against: <ul style="list-style-type: none"> <li>• usage of underaged workers</li> <li>• forced labour</li> <li>• degrading treatment</li> <li>• discrimination</li> </ul>	YES / NO YES / NO YES / NO YES / NO
Please confirm commitment to follow CUTform OÜ “Terms and Conditions of Supply to CUTform OÜ by Supplier” available from <a href="http://cutform.ee/wp-content/uploads/2013/docs/CUTSP018%20TCS%20for%20%20Seller.pdf">http://cutform.ee/wp-content/uploads/2013/docs/CUTSP018%20TCS%20for%20%20Seller.pdf</a>	YES / NO

<b>SECTION C - DECLARATION</b>			
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)			

<b>SECTION D – CUTFORM INTERNAL USE ONLY</b>	
PURCHASING APPROVAL:	DATE:
QUALITY APPROVAL:	DATE:
<b>SELF-APPRAISAL CATEGORY:</b> 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.	