



BECOME A SUPPLIER



KLINGELNBERG

Supplier questionnaire

Self assessment sheet

General information on the company

Address

Name

Street

Postal Code

City

Country

Phone No.

Fax No.

Homepage

Business structure

year established

Employees total

Productive

Developmen - constructiont

Quality assurance

Administration

Number of locations

Locations

	Postal Code	Contact person	Phone No.	Production / Sale / Service	Number of employees	Manufacturing area
Location 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

V.A.T. Registration No.

Bank connection

Bank name 1

BIC No. 1

Iban No. 1

General information on the company

Product range

(Please send us brochures, etc.)

Manufacturer / Dealer

You are manufacturer or dealer of the products.

Product type	Manufacturer	Dealer

Processing option incl. hourly rate

Processing options	hourly rate in EUR

Is machinery list present?

Yes No

Contact persons

	Name, E-Mail adresse	Phone No., Fax No.
Sales – strategic:		
Sales – dispositive:		
Engineering:		
Quality:		
Complaints (After Sales):		
Managing director:		



General information on the company

evaluation

status machinery

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
status premise	0	1	2	3	4	5

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
optical product quality	0	1	2	3	4	5

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
financial stability	0	1	2	3	4	5

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
authority of the partners	0	1	2	3	4	5

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable for Klingelberg	0	1	2	3	4	5

0 = very bad, 1 = bad, 2 = just acceptable, 3 = acceptable, 4 = good, 5 = very good

measures/reason

evaluation accomplished of _____ Date _____

Order / Accountingaddress

Please mention your order and accountingaddress applicable for the Klingelberg GmbH.

Orderaddress

Accountingaddress

Balance-sheet items

Please give all informations in EURO.

Storekeeping

Ø stock value EURO

Ø stock period months

Ø number of articles on stock

Total sales

	two years previous	previous year
Total sales	<input type="text"/>	<input type="text"/>

Klingelberg share [%]	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------

	Current year	Next year
in the future estimated total sales	<input type="text"/>	<input type="text"/>

Klingelberg share [%]	<input type="text"/>	<input type="text"/>
-----------------------	----------------------	----------------------

Group membership / Ownership
(please enclose an organization diagram)

General information

Number of customers

Number of main customers (80% Turnover)

List of main customers
(A-customers)

name

share of turnover [%]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Main export countries

Trades

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Market companion

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Are you willing to disclose the calculation?

Yes No

General information

Communication

Which possibilities of communication do you have in your company?

Date format

in file format	<input type="text"/>
in written form	<input type="text"/>
CAD-format	<input type="text"/>
others	<input type="text"/>
...	<input type="text"/>
...	<input type="text"/>
...	<input type="text"/>

Date transfer

by mail	<input type="text"/>
by floppy disk	<input type="text"/>
by e-mail	<input type="text"/>
by internet	<input type="text"/>
by phone	<input type="text"/>
others	<input type="text"/>
dfü nach VDA-Standard	<input type="text"/>

communication in german/english possible?

	German	English
Yes	<input type="text"/>	<input type="text"/>
No	<input type="text"/>	<input type="text"/>

CAD-Systems

Which CAD-Systems you use?

CAD-Programm	<input type="text"/>	3 D interface	<input type="text"/>
Version	<input type="text"/>	2 D interface	<input type="text"/>
producer	<input type="text"/>	PPS	<input type="text"/>
2 D	<input type="text"/>	BDE	<input type="text"/>
3 D	<input type="text"/>		

EDV-Systems

Which EDV-Systems you use?

PPS	<input type="text"/>
BDE	<input type="text"/>

General information

Product liability / manufacturer's liability

Subject matter insured

Amount insured

Deductible

Standard conditions concerning the customer / supplier relationship

Terms of delivery

Terms of packing

Terms of payment

Possibilities of supply

KANBAN

Just in Time

Off-the-self orders

Konsignationsaufträge

others

Warranty

Do you have any warranty agreements with your main customers?

YES NO

If "yes", please enclose a sample.

Qualitysystem

Is your company certified according to one of the following standards?

(Please enclose certificates)

Standard	certified?	certified since
DIN / ISO 9001	<input type="text"/>	<input type="text"/>
QS 9000	<input type="text"/>	<input type="text"/>
VDA Band 6.1ff	<input type="text"/>	<input type="text"/>
QS 16949	<input type="text"/>	<input type="text"/>
DIN / ISO 9100	<input type="text"/>	<input type="text"/>
DIN / ISO 14001	<input type="text"/>	<input type="text"/>
others	<input type="text"/>	<input type="text"/>

Do other certifications exist?

(product specific)

Wenn nicht zertifiziert, bitte um Angaben

question

remark

How is the quality department of the supplier organized?

The number and the training of employees are appropriate
(% technical personnel; % auxiliary personnel)?

Is the impact of the QM.system described?



Qualitysystem

question	remark
Is the quality consciousness of all employees promoted?	
Does the highest line of the supplier examine the effectiveness of the QM - system in fixed time intervals, in order to ensure the suitability and effectiveness?	
Is there a documented process to the measurement of the customer satisfaction including the frequency of the definition.	
Did the supplier introduce suitable projects for the quality and productivity improvement?	
Did the supplier introduce an automatic control loop for correction and preventive measures and was converted these to an appropriate time?	
Are quality recordings provided and maintained over certified suppliers?	

Are subject your inspection devices to a regular monitoring?
if yes, by whom? only by missing QM-certification

What test run by?

	without test report	with test report
Incoming inspection		
manufacturing inspection		
outgoing goods inspection		

Qualitysystem

Which processes are accomplished outside of your company?

process

supplier

logistics

charge carrier

Which charge carriers, container aso. you use?

system

dimension

manufacturer

one-way

multi-way

packing

Which packing you use?

system

dimension

manufacturer

one-way

multi-way

marking of the commodity

commodity identified?

which documents are attached at the delivery?

Name _____

Signature _____

Postion _____

Date _____

logistics

Comments / Action / Admission
(to be filled in by Klingelberg)

Purchase Department _____	Quality Department _____
Date _____	Date _____