

Supplier information

Company details

Company name	
Street	
P.O. Box / Post code	
Location	
Country	
Head office telephone	
Head office fax	
24/7 emergency line	
Email	
Website	
VAT identification no.	

Contact person / responsibilities

	Last name	First name	Telephone	Mobil	Email
Board / Management					
Head of Sales					
Head of Technical Department					
Head of Production					
Head of Purchasing					
Head of Quality					
Goldhofer / Schopf account manager					
Goldhofer / Schopf complaints processing					
Change manager					

Business information

	current fiscal year (FY)	current fiscal year (-1 year)	current fiscal year (-2 years)	current fiscal year (-3 years)
Total number of employees				
Number of employees production				
Number of employees in Development & Design				
Number of employees quality control				
Turnover in million EUR				

Corporate structure

	AG <input type="checkbox"/>	GmbH <input type="checkbox"/>	OHG <input type="checkbox"/>	GbR <input type="checkbox"/>	KG <input type="checkbox"/>	GmbH & Co KG. <input type="checkbox"/>
Other:						

Group affiliation

	yes <input type="checkbox"/>	no <input type="checkbox"/>	Name of Group:	
			Address:	
			Country:	

Production sites (3 main entries)

	Location	Country
Site 1		
Site 2		
Site 3		

Certifications

	yes	no	since	scheduled	valid until
Quality					
ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>			
ISO/TS 16949	<input type="checkbox"/>	<input type="checkbox"/>			
Other:					

	yes	no	since	scheduled	valid until
Environment / Energy					
ISO 14001	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 50001					
Other:					

	yes	no	since	scheduled	valid until
Work safety					
OHSAS 18001	<input type="checkbox"/>	<input type="checkbox"/>			
Other:					

	yes	no	since	scheduled	valid until
Welding certifications					
ISO 3834-2	<input type="checkbox"/>	<input type="checkbox"/>			
ISO 9606	<input type="checkbox"/>	<input type="checkbox"/>			
Category:	FM1	FM2			
Other:					

	yes	no	since	scheduled	valid until
Authorized economic operator					
AEO	<input type="checkbox"/>	<input type="checkbox"/>			
Other:					

Please enclose the valid evidence at the end of the document!

Processes and Systems

Can you conduct material analyses, and to what extent?

What test methods do you use?

Visual testing (VT)	Dye penetration testing (PT)	Magnetic particle testing (MT)	Ultrasonic testing (US)	Radiographic testing (RT)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is customer approval obtained before delivering products that deviate from the specifications?

Are components treated specially after a change in materials or tools? If so, how?

Is the approval and distribution of changed documents and the withdrawal of invalid documents guaranteed?

Is there a set process for handling customer complaints? (Determination of the reason for the error and introduction of measures for improvement?)

How do you ensure the traceability of your products?

Do you conduct supplier evaluations on a regular basis?

Which CAD formats are supported?

Which ERP/PP system do you use?

General Information

Core skills

Key markets

References (Customers)

Number of customers

Number of key accounts (80% of turnover)

Delivery options

KANBAN	Just in Time	Call order	Consignment stock	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you already have a business relationship with one of the Groups?

Goldhofer	Schopf
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Have you concluded a product liability insurance policy?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Sum insured in euros:

Do you have the most current version of the General Terms and Conditions of Purchase of Goldhofer?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Will you permit us to conduct a QS audit of your company?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Recognized professions requiring for

Do you provide training?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

Attach the following documents:

Organizational chart, certificates, proof of insurance, list of machines

Signature

Location / Date

Signature of supplier

First and last name

Position