|  |  |  |  |
| --- | --- | --- | --- |
| **Company name:** |  | | |
| Address: |  | | |
| Telephone: |  | Fax: |  |
| E-mail: |  | Company website: |  |
| QA contact person: |  | QA Contact person phone number: |  |

QUESTIONNAIRE PURPOSE:

|  |  |
| --- | --- |
| First qualification |  |
| Retraining |  |

1. **ORGANIZATION AND GENERAL INFORMATION**
   1. **General informations**

|  |  |
| --- | --- |
| 1. Total number of employees: |  |
| 1. Direct/indirect breakdown: |  |
| 1. Subcontracted activities: |  |

* Attach Company Organization Chart

1. Are there different plant?

|  |  |
| --- | --- |
| NO | YES, specify for each address and phone number: |

|  |  |
| --- | --- |
| Address | Phone number |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. **Flexibility**

1. Shifts:

|  |  |  |
| --- | --- | --- |
| daily | 2 x 8 hours | 3 x 8 hours |
| others, please describe the shift: | |  |

1. Holiday closure?

|  |  |  |
| --- | --- | --- |
| NO | YES, when? |  |

* 1. **Commercial references**

1. What are your main product types?

|  |
| --- |
|  |
|  |
|  |
|  |

1. Who are your main customers?

|  |
| --- |
|  |
|  |
|  |
|  |

* 1. **Additional informations**

1. Description of the machinery in use in you company

|  |
| --- |
|  |
|  |
|  |
|  |

1. Do you plan, execut and record the maintenance activities?

|  |  |
| --- | --- |
| NO | YES |

1. Are you available to keep a stock of finished products in your warehouses?

|  |  |
| --- | --- |
| NO | YES |

1. Are you covered by insurance for damages caused to third parties by your products?

|  |  |
| --- | --- |
| NO | YES |

1. **ECONOMIC INDICATORS**

|  |  |
| --- | --- |
| Share capital: |  |
| Membership group: |  |
| Partnership with other companies (%): |  |
| Attorney: |  |

|  |  |
| --- | --- |
| Last turnover: |  |
| Latest investments made: |  |

1. **QUALITY SYSTEM**
2. Do you have a certified quality system?

|  |  |  |  |
| --- | --- | --- | --- |
| NO | Under certification | YES (**Attach a copy of the certificate**) | |
|  |  | Expiration date of the certificate |  |

Whatever the previous answer, proceed with the following questions.

* 1. **Organization and processes of preventive control**

1. Is there a formally established QA Team?

|  |  |  |
| --- | --- | --- |
| NO | YES | |
|  | QA Team report to: |  |
|  | Number of QA team members: |  |

1. Is the Quality representative authorized to stop the product/process in the presence of issues/non-conformities?

|  |  |
| --- | --- |
| NO | YES |

1. Do you have even non-formalized control procedures?

|  |  |
| --- | --- |
| NO | YES |

1. Is there a list of all measuring instruments?

|  |  |
| --- | --- |
| NO | YES |

1. Is the modified documentation (mathematics and drawings) managed in such a way as to identify the revision and/or distinguish outdated documents?

|  |  |
| --- | --- |
| NO | YES |

1. Does the supplier adequately verify the completeness of the input data to develop an adequate technical feasibility that allows him to draw up the offer to be presented?

|  |  |
| --- | --- |
| NO | YES |

1. Does the supplier have dedicated data transmission systems (e.g. FTP, TDI lines, etc.) for the transmission of confidential technical data (mathematics and other data covered by the confidentiality requirement?)

|  |  |
| --- | --- |
| NO | YES |

1. Are internal back-up procedures applied for saving data?

|  |  |
| --- | --- |
| NO | YES |

1. Are inconsistencies that compromise the final outcome of the project promptly reported to the customer (by e-mail, fax, etc.)?

|  |  |
| --- | --- |
| NO | YES |

1. **SUPPLYING**
   1. **Control of suppliers**
2. Is the company able to carry out rework at the Berco Spa plants?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | YES | | | |
|  | If yes, within: | 4 hours | 12 noon | 24 hours |

1. Does the company pack the product effectively in order to preserve the characteristics of the manufactured product?

|  |  |
| --- | --- |
| NO | YES |

1. There is a punctual recording and analysis of issues that occur in the company (e.g. customer complaints, lack of supervision, systematic delays…)

|  |  |
| --- | --- |
| NO | YES |

1. Are the materials correctly identified throughout the production cycle?

|  |  |
| --- | --- |
| NO | YES |

1. Are there suitable methods of handling and lifting? (e.g. overhead crane)?

|  |  |
| --- | --- |
| NO | YES |

1. Is the staff working in special processes (heat treatments, painting, welding, surface coatings, etc.) adequately educated and trained?

|  |  |
| --- | --- |
| NO | YES |

* 1. **Checks in acceptance**

1. Check on:

* Raw material ?

|  |  |  |
| --- | --- | --- |
| NO | YES | YES, sample |

* Components ?

|  |  |  |
| --- | --- | --- |
| NO | YES | YES, sample |

* External machining?

|  |  |  |
| --- | --- | --- |
| NO | YES | YES, sample |

1. **PRODUCTIVE PROCESS**
   1. **Checks in production**
2. Do you carry out checks during the manufacturing phase?

|  |  |  |  |
| --- | --- | --- | --- |
| NO | YES, regularly | | YES, sample |
| What controls? | |  | |

1. Do you record the checks carried out?

|  |  |
| --- | --- |
| NO | YES |

1. Do you check the accuracy of your machines?

|  |  |  |  |
| --- | --- | --- | --- |
| NO | YES, regularly | YES, sometimes | |
| Which criteria and how often? | | |  |
|  | | | |
|  | | | |

1. **FINAL PRODUCT**
   1. **Checks at the end of processing**
2. Do you carry out checks at the end of processing?

|  |  |  |
| --- | --- | --- |
| NO | YES | |
| What controls? | |  |
|  | | |
|  | | |

1. Do you record these controls?

|  |  |
| --- | --- |
| NO | YES |

* 1. **Management of non-conforming products**

1. You have a clearly identified isolation area for the storage of scrap or pending batches to approve?

|  |  |
| --- | --- |
| NO | YES |

1. Do you identify non-compliant lots ?

|  |  |
| --- | --- |
| NO | YES |
| Detail or attach a copy of your procedure for handling non-conforming lots: | |
|  | |
|  | |
|  | |
|  | |

1. Are you available to certify supplies (compilation of the certificate of conformity)?

|  |  |
| --- | --- |
| NO | YES |

1. If required, are Development Plans agreed and implemented that allow the company to improve supply relationships in accordance with ISO 9001?

|  |  |  |
| --- | --- | --- |
| NO | YES | YES, partially |
| More informations about the Quality Management System: | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

1. **ENVIRONMENTAL SYSTEM**
2. Do you have a certified environmental management system?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | Under certification | | YES (**Attach a copy of the certificate**) | |
|  |  | Expiration date of the certificate | |  |
| Head of the Environmental Management System | | | |  |

Whatever the previous answer, proceed with the following questions.

1. Does the company comply with applicable environmental law provisions?

|  |  |
| --- | --- |
| NO | YES |

1. Is soil or soil protection guaranteed on your company?

|  |  |
| --- | --- |
| NO | YES |

1. Does your company insure absence of harmful air pollution, including noise pollution?

|  |  |
| --- | --- |
| NO | YES |

1. Does your company ensure the absence of harmful water pollution?

|  |  |
| --- | --- |
| NO | YES |

1. Is the efficient use of water guaranteed in your company?

|  |  |
| --- | --- |
| NO | YES |

1. **SAFETY SYSTEM**
2. Do you have a certified safety management system?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | Under certification | | YES (**Attach a copy of the certificate**) | |
|  |  | Expiration date of the certificate | |  |
| Head of the Safety Management System | | | |  |

Whatever the previous answer, proceed with the following questions.

1. Do you comply to local OHS rules and regulations to prevent any risk of work accident or work related health danger?

|  |  |
| --- | --- |
| NO | YES |

1. Do you safeguard the availability of adequate safety standards and maintenance of the workplace and working equipment?

|  |  |
| --- | --- |
| NO | YES |

1. Do you safeguard the availability of adequate protection measures against chemical, physical or biological substances?

|  |  |
| --- | --- |
| NO | YES |

1. Do you safeguard the availability of adequate measures to protect from mental or physical exhaustion?

|  |  |
| --- | --- |
| NO | YES |

1. Do you safeguard the availability of sufficient OSH trainings and education for employees?

|  |  |
| --- | --- |
| NO | YES |

1. Have you implemented an emergency plan? Do you update it?

|  |  |
| --- | --- |
| NO | YES |

1. Have you provided documented evidence of the risk assessment? Do you update it regularly?

|  |  |
| --- | --- |
| NO | YES |

1. Do you provide and pay the required PPE?

|  |  |
| --- | --- |
| NO | YES |

1. Do you submit workers to health surveillance?

|  |  |
| --- | --- |
| NO | YES |

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
| **Supplier signature (Attorney)** |

**By Berco Spa**

|  |  |  |  |
| --- | --- | --- | --- |
| SUPPLIER QUALIFIED | | NO | YES |
| Notes |  | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

|  |
| --- |
|  |
| **SGI Signature** |