

Supplier's self assessment

(Stand: 01.04.2015)

Sourcing and Subcontracting GEBHARDT

GEBHARDT is currently in the process of extending the list of suppliers for welded structures and machined parts (stainless and carbon steel, sheet metal work, milled and turned parts). Mainly we manufacture on customer's demand, so we are looking for flexible suppliers for customized parts.

If you wish to be listed as a potential supplier please fill in the questionnaire and return it to the address below.

GEBHARDT Logistic Solutions GmbH
Frühlingstrasse 2-3
93413 Cham
Bavaria/Germany

Subcontracting

email: ngoetz@gebhardt.eu

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GEBHARDT - supplier no.:

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1. General Information

Supplier's name	
Company code at DUNS or CreditReform	
Address	
Postal Code / City	
Country	
General Telephone	
General Fax	
General E-Mail	
Home Page	
Owner	
Year company established	
Legal name of the company	
Product liability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes EUR.....
Company tenure	
Correspondence language(s)	

Production / delivery programm (please attach brochures)

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2. Contacts:

Department	Name	DW/ Ext.	DW / Ext.	Cell phone	E- Mail
Management					
Aftes sales service					
Sales					
Purchasing					
Quality management					
Production					

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3. Further Company Locations (Subsidiary comp.)

Company name	Contact person	Address	Tel. no.:	Fax no.:	E-Mail address

4. Number of employees / department

Department	Number of employees	Department	Number of employees
Overall		Purchasing	
After sales service		Quality management	
Sales		Production	

5. Possibilities of Transportation

Railway Connection / Distance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nearest Harbour / Distance		

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Type of dispatch (general)	
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6. Top Suppliers

Supplier	Components	Turnover in EUR	Country

7. Main customers

Customer	Components	Turnover in EUR	Country

8. Main competitors

Competitor	Components	Country

9. Reference

Reference list available?

yes no (if no please fill in)

Customer	Components	Year	Location country	Value (EUR)

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Please attach reference list

Average project value per project in EUR

10. Turnover per year

Total turnover (EUR) – year

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% for export – year

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Export countries and industrial sectors

Export countries	Industrial sectors

What % of the turnover is used for Research, Development and Innovation?

	%
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11. Kind of developments and innovations

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12. How important is GEBHARDT as a customer

Category	X	Exact ranking
A (Top 5)		

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B (Top 6 – 11)		
C (over Top 11)		

13. Do you use an ERP System

<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" which:

14. Communication tools

CAD Daten (dxf, iges....)	
PC Daten (Outlook, Lotus Notes, Internet, MS-Office) incl. Versions	
Sonstige / Others	

15. Quality Management System

Question	Yes	No
Is there a QM System according to ISO 9001?	<input type="checkbox"/>	<input type="checkbox"/>
Are there other autorizations?	<input type="checkbox"/>	<input type="checkbox"/>
Which (please attach copies of certificates):		
Would you accept an GEBHARDT QA system audit in your company?	<input type="checkbox"/>	<input type="checkbox"/>
Anserwing of the following questions is only necessary, if your company doesn't have a QM System		
Is there a QM System in writing and has it been introduced?	<input type="checkbox"/>	<input type="checkbox"/>
Which standard?		
Is there an appointed management representative for quality?	<input type="checkbox"/>	<input type="checkbox"/>
Name:		
Are the organization and responsibilities shown in the company organization charts (please attach a copy)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a fixed procedure for exchange of modified documents?	<input type="checkbox"/>	<input type="checkbox"/>
Are sub-suppliers assessed and selected systematically?	<input type="checkbox"/>	<input type="checkbox"/>
How?		
Are incoming goods inspections carried out systematically?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a test planning?	<input type="checkbox"/>	<input type="checkbox"/>
Is production based on manufacturing documents?	<input type="checkbox"/>	<input type="checkbox"/>

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Is there a regulation as to the handling of defective units?	<input type="checkbox"/>	<input type="checkbox"/>
Are the Units tested by a final inspection?	<input type="checkbox"/>	<input type="checkbox"/>
By whom?		
Are the test results documented and filed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the testing equipment periodically checked and are the results documented?	<input type="checkbox"/>	<input type="checkbox"/>
Could you carry out all test- and measurement problems for your products in your company?	<input type="checkbox"/>	<input type="checkbox"/>

16. Serviceorganizations, Locations, Partners

17. Additional Comments from the supplier

City, date:

name:

sign:

Thank you for your effort!

Please enclose as appendix:

- Company brochures >>see item 1
- Reference list >>>see item 9
- Certifications of approvals >>see item 15
- Copy from the ISO 9001 Certificate (if existent) >>see item 15

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- Organization chart >>see item 15

18. Estimation from GEBHARDT (to fill in from GEBHARDT Purchasing)

Date: sign:

Type of operation

several answers possible

Heavy steel fabrication	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Grey iron castings	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Light steel fabrication	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Steel castings	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Machining	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Surface finishing	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Construction of vessels	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Hardening	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Construction of apparatuses	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Plastic workshop	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Light Metal Machining	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Light Metal castings	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Roll manufacturing	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Roll coating (rubber)	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Buildings and Premises

Total area	
Door sizes	
Ceiling Height	
Lifting Capacity Lifting height	

Capacity

Present capacity	Shop Hours
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Max. capacity	Shop Hours
Present number of shifts	

Steel Fabrication

Main focus

Stainless steel	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Carbon Steel	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Heavy	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Light	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Preferred material			
Preferred plate thickness			

Feasible tolerances ÖNORM EN ISO 13920 Tolerance class	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
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Welded parts without treatment	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	

Fabrication and Machining	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	

Qualifications

Type of Permit	Date of Issue	Date of Expiry
ISO 9001 <input type="checkbox"/> Yes / <input type="checkbox"/> No		
ISO 9002 <input type="checkbox"/> Yes / <input type="checkbox"/> No		
DIN EN ISO 3834-2 (former EN 729-2) <input type="checkbox"/> Yes / <input type="checkbox"/> No		
DIN EN ISO 3834-3 (former EN 729-3) <input type="checkbox"/> Yes / <input type="checkbox"/> No		
DIN EN ISO 3834-4 (former EN 729-4) <input type="checkbox"/> Yes / <input type="checkbox"/> No		
ASME Code Details: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
AD Leaflet HP0 <input type="checkbox"/> Yes / <input type="checkbox"/> No		

Manufacturing acc, to Walter Resources Management Act	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Other permits (Ex.: ÖNORM M 7812, DIN 6700-2 ...):	

Welders Qualification

		Name	Date of next test
Welder acc. to DIN EN ISO 9606 (former EN 287)	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Inspector DIN EN ISO 9712 qual. (former EN 473)	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Inspection test certificate 3.1.B nach DIN 50049(≅ EN 10 204)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Name of in-house expert for 3.1.B certificate	

Other Permits

Heat Treatment

Heat Treatment Oven	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight one pcs.	
		max. Temperature	

Machining

Turning	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	

Milling, Drilling	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	
Grinding Round	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	
Planing	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	
Keywaying	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
		max. Weight	

Testing equipment

In-house production controls	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Air conditioned in-house inspection lab	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Marking table	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Calibration of measuring instruments	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Dye penetration	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Magnetic flux test	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Preparation of dimensional sheets	<input type="checkbox"/> Yes / <input type="checkbox"/> No	X-ray	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Metallography	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Surface Treatment

Sand Blasting	<input type="checkbox"/> Yes / <input type="checkbox"/> No	High pressure washing	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Shot (Ceramic) Blasting	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Pickling	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Paint Shop	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
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Transportation

Railway Connection	<input type="checkbox"/> Yes / <input type="checkbox"/> No	max. Dimensions	
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What kind of Trucks do you own? --

	Quantity	open Trucks	covered Trucks	LxWxH
Jumbo				
Megatrailer				
Auflieger				
Avia				

Important:
 → Please add your machine list to this questionnaire
 → Please add your list of references