



# suppliers questionnaire

Please fill in the supplier questionnaire completely and send it along with other necessary documents

## 1. Contact Supplier

1.1	Adress: _____ Homepage: _____	Phone: _____
1.2	CEO: _____ E-Mail: _____	Phone: _____
1.3	Sales: _____ E-Mail: _____	Phone: _____
1.4	Quality Department: _____ E-Mail: _____ Quality Management: _____ E-Mail: _____	Phone: _____  Phone: _____
1.5	Emergency contact: _____  E-Mail: _____	_____

## 2. Company data:

2.1	ORGANISATION FACTS:	_____																
2.1.1	legal form:	_____																
2.1.2	headquarters:	_____																
2.1.3	founded:	_____																
2.1.4	Groupmembership:	_____																
2.1.5	Locations:	_____																
2.1.6		Number of employees: _____ in production: _____ in sales: _____ in Quality department: _____ in office: _____																
2.2	Development in the last years																	
2.2.1	Turnover annually:	_____																
2.2.2	Profit annually:	_____																
2.3	Innovations in the last years:																	
2.2.4	Employees in R&D:	_____																
2.2.5	Budget R&D annually:	_____																
2.2.6	Employees in QD/QM:	_____																
2.3	Insurances:	<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">yes</td> <td style="width: 10%; text-align: center;">no</td> <td style="width: 40%;">coverage in €:</td> </tr> <tr> <td>product liability insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: center;">yes</td> <td style="text-align: center;">no</td> <td></td> </tr> <tr> <td>operating liability insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </table>		yes	no	coverage in €:	product liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____		yes	no		operating liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____
	yes	no	coverage in €:															
product liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____															
	yes	no																
operating liability insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____															

**3. Spectrum**

3.1 Information on products and services related

3.1.1 base products:

3.1.2 special service


3.2 more Information

3.2.1 capacity

3.2.2 technology:

3.2.3 storage capacity:


**4. Certifications**

**yes**

**no**

4.1 Do you got a system as:

GFSI: BRC, IFS, etc.

ISO 9001, ISO 14001 or 500001, or EMAS

ISO 18001

**4.2 GMP**

If you are not certified in hygiene standards as ISO 22000, BRC, IFS or others, please answer the questions below:

4.2.1 Do you got a policy for external visitors?

4.2.2 Do you got cleaning procedures?

4.2.3 Do you train hygiene?

4.2.4 Do you controll hygiene?

4.2.5 Doy you got an knife an glas policy?  
Bitte Kopien beifügen

4.2.6 Do you got a procedure for foreign bodys?

**4.3 HACCP**

4.3.1 Please attach a flow chart

4.3.2 Please attach a ccp list

4.3.3 Do you got a risk analyse?  
how often do you check it?

<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	

**5 Environmental / health and safety**

**yes no**

5.1 Have the environmental operater?

<input type="checkbox"/>	<input type="checkbox"/>
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5.2 Have you appointed a safety officer?

<input type="checkbox"/>	<input type="checkbox"/>
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5.3 Do you got a risk assesment for health and saftey,  
and danger materials?

<input type="checkbox"/>	<input type="checkbox"/>
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5.4 Do yout train your employees at enviromental and  
health and saftey?  
how often?

<input type="checkbox"/>	<input type="checkbox"/>
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5.5 Do you audit enviromental / health and saftey?  
how often?

<input type="checkbox"/>	<input type="checkbox"/>
<hr/>	

**6 Quality department**

6.1 Is QD independend?

<input type="checkbox"/>	<input type="checkbox"/>
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6.2 Do you got a lab?

<input type="checkbox"/>	<input type="checkbox"/>
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6.3 Are test plans and test procedures for all  
methods in place?

<input type="checkbox"/>	<input type="checkbox"/>
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6.4 Test equipment are properly conducted, maintained and  
signed?

<input type="checkbox"/>	<input type="checkbox"/>
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6.5 External investigations are initiated?

<input type="checkbox"/>	<input type="checkbox"/>
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6.6 Certificates can be issued for each shipment?

<input type="checkbox"/>	<input type="checkbox"/>
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6.7 Is the complete traceability ensured?

<input type="checkbox"/>	<input type="checkbox"/>
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6.8 Have production documents to be archived?

<input type="checkbox"/>	<input type="checkbox"/>
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**7 purchase**

yes

no

7.1 Does systematic supplier selection happen?  
which criteria

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7.2 Do you got all raw-material specs?

7.3 Do you make income tests?  
which one?

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7.4 Is traceability for raw material in place?

**8 production**

8.1 Is there for the most important production steps  
written work instructions?

8.2 Is the productions controlled during the production?

8.3 Faulty goods can be clearly identified?

8.4 If defective goods held separately,  
to avoid further processing?

comments

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notice:

Each supplier of RATTPACK® Group has to release every change on products and process from RATTPACK®.

supplier

date:

sign/stamp:

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