



Initial Supplier Assessment

1. General Information	
Company Name	
Company Address	
City/State/Zip Code/Country	
Phone No.	
Fax No.	
Web Address	
Agent or Manufacturer?	Agent <input type="checkbox"/> Manufacturer <input type="checkbox"/>

2. Contacts	
Contact Name	
Job Title	
Direct Phone No.	
Cell phone No.	
E-mail address	
Contact Name	
Job Title	
Direct Phone No.	
Cell phone No.	
E-mail address	
Contact Name	
Job Title	
Direct Phone No.	
Cell phone No.	
E-mail address	

3. Bank Details	
Bank name	
Account number	
VAT number	
SWIFT code	
IBAN	

4. Company Data		
Type of Ownership (Sole Trader/Private/Public)		
Asset value		
Annual Revenue	Last year	This year(forecast)
Number of employees (Direct and Indirect)		
Employee turnover (%)		
Average length of employment		
Staff training and development plans in place? (describe method and coverage)		
Main products		
Customer References		
Supplier References		
Production capacity (e.g. sqm/day; sqm/month)		
Capacity flexibility (% upside within X period)		
Working patterns (e.g. 8h/shift; 3shifts/day; 5days/week)		

8. Infrastructure	
Buildings and Workspace (sufficient/capable of expansion/adequate facilities/good lighting for inspection)	
Manufacturing Equipment (Condition/Age profile/Maintenance Schedule)	
Investment plan (buildings/capital Equipment/indirect and direct labour growth)	
Engineering Capabilities (resources/skills/external support)	

5. Logistics and Supports			
	Yes	No	If yes, list in detail If no, plan?
Do you have an ERP system?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you measure your delivery performance to your customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Geographical locations List of international shipped to locations	<input type="checkbox"/>	<input type="checkbox"/>	

6. Quality and Social Responsibility 社会责任			
	Yes	No	If yes, list in detail If no, plan?
Do you work according to a quality system? (e.g. ISO9001; ISO TS 16949) If you have a quality system, is it certificated?	<input type="checkbox"/>	<input type="checkbox"/>	Please enclose copy of the latest certificate
Do you work according to an environment system? (e.g. ISO 14001) If you have an environment system, is it certificated?	<input type="checkbox"/>	<input type="checkbox"/>	Please enclose copy of the latest certificate
Do your materials comply with the RoHS-directive?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you work according to a system for health and safety? (e.g. OHSAS 18001) If you have a health and safety system, is it certificated?	<input type="checkbox"/>	<input type="checkbox"/>	Please enclose copy of the latest certificate
Can you demonstrate compliance with local laws regarding welfare of employee compensation (such as Employee Salary and Overtime Compensation according to local law)	<input type="checkbox"/>	<input type="checkbox"/>	Please enclose evidence
Can you demonstrate a good standard of facilities for your employees	<input type="checkbox"/>	<input type="checkbox"/>	Please enclose evidence
Can you demonstrate compliance with EICC requirements including conflict minerals?	<input type="checkbox"/>	<input type="checkbox"/>	
Can product be traced back from batch number through the process?			
Describe Claims Handling process.			
Show evidence of Continuous Improvement Activity			

7. Other Relevant Companies	
Parent company	
Other branches (e.g. production plants, sales offices, logistics centers etc.)	

Issuer

Verified by (CCL)

Department

Department

Date

Date

Signature

Signature