|  |  |  |  |
| --- | --- | --- | --- |
| **Business name** |  | | |
| Address |  | | |
| Telephone: |  | Fax: |  |
| E-mail: |  | Corporate website: |  |
| Quality contact person: |  | Telephone: |  |

**Questionnaire purpose:**

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

1. **Organization and general information**

A1) **§ 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 telephone:

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A2) **FLEXIBILITY'**

1. Shifts: daily 2 x 8 hours 3 x 8 hours others, if so please specify

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1. Total closure for holidays? NO Yes, when?

**A3) COMMERCIAL REFERENCES:**

1. What is your typical production?

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1. Who are your main customers?

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**A4) ADDITIONAL INFORMATIONS:**

1. Description of machinery in use?

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1. Are planning, execution and recording of equipment maintenance activities foreseen?

YES NO

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

YES NO

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

YES NO

**B) ECONOMIC INDICATORS**

**B1)**

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

**B2)**

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

**C) QUALITY SYSTEM'**

**C1)**

1. Do you have a certified quality system?

NO Under definition YES(Attach a copy of the certificate)

Validity period of the certification\_\_\_\_\_\_\_\_\_\_

Whatever the previous answer, proceed with the following questions.

**C2) ORGANIZATION AND PROCESSES OF PREVENTIVE CONTROL**

1. Is there a formally established Quality function?

NO YES

Who respond directly

|  |
| --- |
|  |
| Number of quality workers |
|  |

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 directory/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

**D) SUPPLYING**

**D1) CONTROL OF SUPPLIERS:**

1. 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

**D2) CHECKS IN ACCEPTANCE:**

1. Check on:

* Raw material ?

NO YES YES, sample

* Components ?

NO YES YES, sample

* External machining?

NO YES YES, sample

**AND) PRODUCTIVE PROCESS**

**E1) CHECKS IN PRODUCTION:**

1. Do you carry out checks during the manufacturing phase?

NO YES systematically YES, sample

What controls?

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1. Do you record the checks carried out?

NO YES

1. Do you check the accuracy of your machines?

NO YES, occasionally YES, systematically

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With what criteria and periodicity?

**F) FINAL PRODUCT**

**F1) CHECKS AT THE END OF PROCESSING:**

1. Do you carry out checks at the end of processing?

NO YES

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| --- | --- |
|  | |
|  | |
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What controls?

1. Do you record these controls?

NO YES

**F2) 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:

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| --- | --- |
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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?

NOYES YES, partially

**Learn more about the Quality Management System**

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**G) ENVIRONMENTAL SYSTEM**

1. Do you have a certified environmental management system?

NO Under definition

YES (Attach a copy of the certificate)

Validity period of the certification\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**H) SECURITY SYSTEM**

1. Do you have a certified safety management system?

NO Under definition

YES (Attach a copy of the certificate)

Validity period of the certification\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Management System Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whatever the previous answer, proceed with the following questions.

* **ONLY FOR COMPANIES**

1. Have all the risks present in the work environment been assessed, as established by Legislative Decree 81/08 and subsequent amendments and additions?

NO YES

1. Do the activities carried out within your company comply with current legislation on occupational health and safety (Legislative Decree 81/01 and subsequent amendments)?

NO YES

1. Has the Workers' Safety Representative/s been elected?

NO YES

1. Has the Competent Doctor been appointed?

NO YES

1. Have emergencies workers been identified and appointed?

NO YES

1. Is the Risk Assessment Document present and up-to-date?

NO YES

1. Is each worker, where required by the DVR, equipped with suitable PPE?

NO YES

1. Is the Emergency and Evacuation Plan present and displayed?

NO YES

1. Is there a procedure for managing the safety data sheets of dangerous substances?

NO YES

1. Do you carry out regular maintenance on the means of transport and lifting?

NO YES

1. Was the information / education / training provided in accordance with current legislation (state / region agreements)?

NO YES

1. Do you communicate health and safety issues to all workers?

NO YES

City, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplier visa

(Attorney)

**By Berco Spa**

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| --- | --- | --- |
|  | | |
| SUPPLIER QUALIFIED | NO YES | **Signature / SGI** |
| Note | | |