|  |  |
| --- | --- |
| **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:

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

A2) **FLEXIBILITY'**

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

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| --- |
|  |
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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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| --- |
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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[x]  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?

|  |
| --- |
|  |

1. Do you record the checks carried out?

NO[ ]  YES[ ]

1. Do you check the accuracy of your machines?

NO[ ]  YES, occasionally[ ]  YES, systematically[ ]

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

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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|  |

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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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[ ]

**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[x]  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**

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