

Supplier's appraisal

1. Facts

Company:	_____	Supplier no.:	_____
Address:	_____	Phone:	_____
Address add-on:	_____	Fax:	_____
Postal Code/Place:	_____	E-Mail:	_____
Country:	_____	Internet:	_____
Language:	_____	Login:	_____
Number of employees:	_____	Contact person:	_____
		in production:	_____
		sales engineers:	_____

2. Terms of Purchase and Delivery

Currency:	_____	Time of payment:	_____
Mode of dispatch:	_____	Shipping agent:	_____
Delivery terms:	_____	Acceptance of general terms of purchase?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Supplier's Appraisal

First visit Visit At supplier's

Participants:

Supplier's Self-Appraisal

At Kubo Tech Plant visit

Function:

4. Report

5. Authorisations / Tolerances

RoHS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	KTW	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reach	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FDA conformity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
others	_____		DVGW/SvGW	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	_____		1935/2004 CE	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Quality Assurance

Quality Management System in place? Yes No

According to what standard? _____

If the test results are recorded? Yes No

How long are the test results stored? _____

How to perform the tests? 100% testing sampling

AQL Value _____ Single inspection level duplicate sample inspection

7. Umweltschutz und Arbeitssicherheit

Environmental management system in place? Yes No

Certified? Yes No

If yes, by whom? _____

8. Open issues

	responsible	deadline	completed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

9. Remarks