



SUPPLIER QUESTIONNAIRE

DOC: CQF-012

REV: 2

REVIEWED BY:

B. Walker

APPROVED BY:

B. Walker

May 17,2019

General Information

Company Name:			
Street Address:		City:	
State:		Zip Code:	
Phone No:		Website:	
Type of Product or Service provided:			

Contact Information

	Name	Title	Phone No.	Email
Quality				
Sales				
Production				
Safety				
Health				

Section 1

**Environmental
Health & Safety
Management**

Third Party Certification

ISO14001

OHSAS 18001

Other

Yes ☐

Yes ☐

Yes ☐

No ☐

No ☐

No ☐



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2017

- If yes to any of the above, please provide a copy of the certificate.
- If your company is not registered, do you have a documented Environmental Health and Safety system? Yes ☐ No ☐
(If yes, please provide copy of the Manual)
- Provide your company's injury/illness experience for the past 3 years as reported on the OSHA 300 log.

INJURY/ILLNESS HISTORY		
<i>Metric Type</i>	<i>Metric</i>	<i>Comment</i>
Number of OSHA Recordable Cases		
Number of Lost/Restricted Workday Cases		
Number of Fatalities		
Number of Man-Hours Worked		

- Does your company have an environmental health & safety policy? Yes ☐ No ☐
- Has your company been cited by OSHA/EPA in the past 3 years? Yes ☐ No ☐
- During the last five (5) years, has your company/firm received a violation/fine/penalty for non-compliance involving any of the following:
 - Discharging oil, an oil byproduct, or other hazardous substances to land, water, or air Yes ☐ No ☐
 - Release of oil or hazardous waste during transport of hazardous materials and/or waste Yes ☐ No ☐
 - Improper disposal/dumping of hazardous waste or hazardous materials on land or in water Yes ☐ No ☐

[If you answered YES to any of the questions above, please provide an explanation of the circumstances surrounding the violation here

Section 2

	Third Party Certification			
	ISO9001	AS9100	IATF16949	Other
Quality Management	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>	N/A <input type="checkbox"/>

- If yes to any of the above, please provide a copy of the certificate and skip questions below and section 3 then complete section 4.
- If your company is **not** registered and you have a documented quality system, provide a copy of the Quality Systems



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Manual and complete questions below and section 4.

- If your company is **not** registered and **does not** have a documented quality system, complete questions below and section 4.

Questions	Response	Comments
Does quality report directly to management?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is the effectiveness of the quality management system regularly checked (ex. internal audits)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are these audits documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are all supplied quality-relevant materials subjected to receiving inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are there written inspection/test instructions for receiving inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are the receiving inspection/test instructions available and followed by employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are the results of receiving inspection documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are the production processes fixed in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is the material (supplied parts, unmachined parts, finished parts etc.) clearly identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are defective parts clearly identified to be "defective parts"?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Can the finished parts be traced back?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are <u>all</u> manufactured parts subjected to a systematic test or inspection (Note: also applies when the customer does not require any test or inspection)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are there written inspection /test instructions for the in-process and/or final product?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are these inspection/test instructions available and used by the employees?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Are Inspection/Test results documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Can certificates of conformance be issued in accordance with Rotek Terms and Conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is the customer informed about product deviations from finished product requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Does the supplier guarantee that nonconforming products are not forwarded to the customer?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is the process for control of nonconforming product documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Do the supplier's employees understand the process?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Is measuring and testing equipment systematically controlled?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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Laboratories and Service Providers	Third Party Accreditation							
	A2LA		ISO17025		Customer		Other	
	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>
	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>

- If yes to any of the above, please provide a copy of the certificate.

Section 4**By submission of this form you agree to the following requirements for approved Vendors:**

1. thyssenkrupp rothe erde USA Inc. requires 100% on time delivery performance from vendors. Purchase Orders will provide appropriate planning information and purchase commitments to enable vendors to meet this expectation.
2. thyssenkrupp rothe erde USA Inc. and their customers reserve the right to verify purchased product at the vendor's premises when contractually required. Arrangements will be provided on Purchase Orders if applicable.
3. thyssenkrupp rothe erde USA Inc.'s terms and conditions. (These can be found online at <http://www.rotek-inc.com/> in the Download Section.)
4. Records are established and maintained to provide evidence of conformity to thyssenkrupp rothe erde USA Inc.'s requirements and of the effective operation of the quality management system. Records shall remain legible, readily identifiable and retrievable for the period of 5 years. If a supplier ceases business with thyssenkrupp rothe erde USA Inc., or the supplier is unable to maintain the quality records, the supplier shall provide the option for thyssenkrupp rothe erde USA Inc. to take possession of the records. Supplier quality records are not to be destroyed without written approval from thyssenkrupp rothe erde USA Inc.

Completed By: Date:

Title:

Completion of this Questionnaire does not signify approval of your company.

FOR thyssenkrupp rothe erde USA Inc. USE ONLY

Supplier Status:	Reviewer:	Date:
Approved <input type="checkbox"/>	Name:	
Unapproved <input type="checkbox"/>	Title:	
Comments:		