



Joseph Dresselhaus GmbH & Co. KG, Zeppelinstraße 13, D-32051 Herford

Self-assessment questionnaire for suppliers

Supplier no.: _____

Company:			
Address:			
	phone:		fax:
	e-mail:		web-site:
	TAX ID number:		

	name:	phone:	fax:	e-mail:
General Management				
Marketing Management				
Quality Management				
Environmental Management				
HS Management				
Product Safety				
Contact Person				

Branches: _____**Products:** _____

Product range:Tensile up to 8.8 10.9 12.9 own heat treatment heat treatment outside

Diameter range of _____ up to _____ length range of _____ up to _____

Is there product liability insurance available?		
<input type="checkbox"/> no	<input type="checkbox"/> yes	amount insured: _____ Euro
Name of insurance: _____		
Product recall included? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you mark your products? <input type="checkbox"/> yes <input type="checkbox"/> no		
		type of sign: _____

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Type of supplier	<input type="checkbox"/> trader	<input type="checkbox"/> producer	<input type="checkbox"/> subcontractor
	<input type="checkbox"/> trader and producer		%-distribution ___ % trader / ___ % producer
<input type="checkbox"/> supplier for automotive		<input type="checkbox"/> IMDS - capable	

Management – Organisation

A Certification

Quality (QM)	<input type="checkbox"/> yes (please attach certificate)		<input type="checkbox"/> no (please fill in section B)
	<input type="checkbox"/> implementation scheduled until: _____		
	<input type="checkbox"/> ISO 9001	<input type="checkbox"/> ISO/TS 16949	<input type="checkbox"/> _____ (others)
Environment (EM)	<input type="checkbox"/> yes (please attach certificate)		<input type="checkbox"/> no (please fill in section C)
	<input type="checkbox"/> implementation scheduled until: _____		
	<input type="checkbox"/> ISO 14001	<input type="checkbox"/> EMAS	<input type="checkbox"/> _____ (others)
Occupational Health and Safety (OHS)	<input type="checkbox"/> yes (please attach certificate)		<input type="checkbox"/> no (please fill in section D)
	<input type="checkbox"/> implementation scheduled until: _____		
	<input type="checkbox"/> OHSAS 18002:2008	<input type="checkbox"/> OHRIS	<input type="checkbox"/> _____ (others)

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B Quality management

We confirm compliance with the Dresselhaus QAA (attached)

- unrestricted

- with restrictions (see QAA or additional agreement)

For the current version of QAA please visit our website www.dresselhaus.de.

C Environmental management

Our company is aware of its legal obligations under compliance with all obligations arising under the REACH Regulation (EC) no. 1907/2006. It is based on the candidate list in its current status.

Further Information:

<http://www.reach-clp-biozid-helpdesk.de/de/REACH-Verordnung/REACH.html>

We confirm compliance with legal environmental regulations in the country of the manufacturer and the customer.

Our products are free of conflict minerals (tin, gold, tantalum, tungsten) under the Dodd Frank act.

Our products do not contain any of the above minerals (for function and production)

Our products contain above-mentioned minerals.

In this case, please answer the conflict minerals reporting template <http://www.conflictreesmelter.org> and send it to Mr. Benjamin Ledock, Material Compliance Officer, svhc@dresselhaus.de.

Only for suppliers of plastics (elastomers and thermoplastic polymers):

We confirm that our Plastics / Plastic products for the PAH standards of GS Directive (2014 AfPS GS: 01 PAK) comply with category I / II / III.

Self-assessment questionnaire for suppliers
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D Occupational health and safety management

We confirm compliance with the statutory health and safety regulations in the country of manufacturer and of customer.

E Corporate Social Responsibility (CSR)

We herewith confirm the compliance with the ILO core labor standards (child labor, forced labor, etc.).

Further information:
<http://www.ilo.org/berlin/arbeits-und-standards/kernarbeitsnormen/lang--de/index.htm>

If the points B / C / D / E were not answered, there will be no unrestricted release of the supplier.

Questionnaire completed by:

Name	function	date	sign
_____	_____	_____	_____

<p>Result – only to be completed by Dresselhaus: _____ Points</p> <p><input type="checkbox"/> approved as supplier</p> <p><input type="checkbox"/> approved as supplier with the following requirements _____</p> <p><input type="checkbox"/> not approved as supplier / reason: _____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><i>Date / Sign</i></p>
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