

Note: Kindly fill the form in English only

Language Selection: English

## Oerlikon Supplier Self Information

### 1. Company Information

Company Name	
Address	
Address Supplement	
Postal Code / City	
Country	
Region / State	
Phone Number	
Homepage	
Email for electronic P.O.	
Year of foundation	
Oerlikon Vendor Code (if existing)	
Dun & Bradstreet ID	
(In order to business with Oerlikon register in Dun & Bradstreet for free)	
VAT Registration Number	
Leading Category Level 1	
Leading Category Level 2	

### 2. Financial Information

#### 2.1 Banking Information

IBAN			
or			
Bank Name:		Account Number:	
Bank Address:			
Bank Number:		SWIFT / BIC-Code:	

#### 2.2 Insurance Information

##### *Business liability insurance*

Insurance Company:		Agency Number:	
Agency Digit:			

##### *Product liability insurance*

Insurance Company:		Agency Number:	
Agency Digit:			

Already Supplier to Oerlikon? (Yes/No):

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Oerlikon Company	Sales Volume	Products

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### 3. Certificates and Certifications

Attach all Relevant Certificates with SSI Form

Does a Quality Management System exist and is it in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Certificate	Version	Date of Certification Expiration
<input type="checkbox"/> ISO 9001		
<input type="checkbox"/> IATF 16949		
<input type="checkbox"/> ISO 13485		
<input checked="" type="checkbox"/> AS/EN9100		
<input type="checkbox"/> Nadcap ISO IEC /17025		
<input type="checkbox"/> ISO 14001		
<input type="checkbox"/> ISO 50001 / EA14-100886		
<input type="checkbox"/> ISO 45001 / OHSAS 18001		
<input type="checkbox"/> SA 8000		
<input type="checkbox"/> ISO 3834		
<input type="checkbox"/> ISO 27001		
<input type="checkbox"/> Others		

Attach Relevant Certificates with SSI Form

Others	Remarks
<input type="checkbox"/> Conflict Mineral Statement	<input type="checkbox"/> Compliance Confirmed <input type="checkbox"/> Compliance not Confirmed <input type="checkbox"/> n/a
<input type="checkbox"/> RoHS Directive	<input type="checkbox"/> Compliance Confirmed <input type="checkbox"/> Compliance not Confirmed <input type="checkbox"/> n/a
<input type="checkbox"/> REACH Directive	<input type="checkbox"/> Compliance Confirmed <input type="checkbox"/> Compliance not Confirmed <input type="checkbox"/> n/a
<input type="checkbox"/> Hazardous Substances/ Dangerous Goods	<input type="checkbox"/> Products Exist <input type="checkbox"/> Irrelevant
<input type="checkbox"/> Declaration of Conformity	<input type="checkbox"/> CE(EC) <input type="checkbox"/> UL(US) <input type="checkbox"/> CCC(CN) <input type="checkbox"/> Others
<input type="checkbox"/> Internal Code of Conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> EICC Member (Electronic Industry Citizenship Coalition)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<u>asd</u>
<input type="checkbox"/>	

Are you willing to develop a quality assurance agreement with Oerlikon? (Yes/No):

Does your company plan the implementation of a certified Quality and Environmental Management System?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which one and until when:	
If you do not dispose of a certified management system, please, answer the following questions:	
1. Does your company have a (Quality) Management Manual? (If yes, please provide copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your company have a Supplier Assessment System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your company request quality records from its suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your company perform an incoming goods inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your company have appropriate means enabling you to identify your products throughout the entire product realization process?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. Are quality controls performed throughout the production process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your company maintain quality records? If yes, for how long? _____ Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your company perform a final quality inspection of the finished goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your company have a Crisis Management and / or Business Continuity Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does your company have procedure to control Foreign Object Damage (FOD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your company have control mechanisms in place which identify and sort out defective products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your company have a formal corrective action program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is Human Factor considered during investigation and improvement plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does your company perform a cause analysis and defines preventive measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does your company have a calibration system in place that is in accordance with international standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does your company agree to provide acceptance reports if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Has your company defined procedures regarding environmental and are they implemented on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Has your company defined procedures regarding occupational health and are they implemented on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Has your company defined procedures regarding safety aspects and are they implemented on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Does your company take measures to systematically ensure that your products comply with all requirements which may have an impact on environmental as well as occupational health and safety issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Does your company have a Risk Mitigation program in place as part of quality management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is effectiveness of companies' risk management system reviewed annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your company have a system to grant the security of information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does your company agree to a site visit by our auditors and allows access to all relevant records, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is your company willing to draw up and enter into a Quality Assurance Agreement with Oerlikon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Does your company have a documented First Article Inspection Report (FAIR) program in place, that includes customer approval on changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Does your company have a defined process for handling data and information (information security)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Is your company certified by an external organization for sustainability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. If your company does not have a sustainability rating yet, is it willing to undergo Sustainability assessment by EcoVadis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

### 4. Enclosures

- ☐ General Payment and Delivery Conditions
- ☐ Brochure and Product Documentation
- ☐ References of Completed Projects
- ☐ Organization Charts
- ☐ List of Production Resources
- ☐ Annual Report
- ☐ Quality Manual
- ☐ Self-Assessment for Electrical Safety
- ☐ Additional Business Unit Specific Self Information Survey:

Comments:

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### 5. Remarks

### List of machines & test equipment

Company Name:

Date:

01. Machine(s): Attach a separate list if necessary	Machine Type	Tolerance Class	Capacity
e.g. Drilling & milling center	MAHO, type *****	IT 6	1 shift

02. Test equipment: Attach a separate list if necessary	Please complete (if necessary, state required test equipment)		
Measuring equipment Tolerance classes	<input type="checkbox"/> IT 7 <input type="checkbox"/> IT 6 <input type="checkbox"/> IT   .....		
Coordinate measuring machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which One?	
Reference gauges & Go /No-Go gauges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which One?	
Optical measuring instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which One?	
Surface roughness measuring instrument	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which One?	
In-Circuit-Tester	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which One?	
Electrical measuring instruments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which One?	
Clean room	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which Class?	
Temperature-stabilized measuring room	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical Analytical Procedures	List procedure Numbers - Attach a separate list if necessary		
Particle Size Procedures	List procedure Numbers - Attach a separate list if necessary		

City

Date

Signature

Company Stamp

Name and title of signatory in capital letters

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### 6. Internal Assessment

(Oerlikon approval process: a minimum of two signatures is mandatory to ensure four eyes principal)

Suitability:

#### Procurement (GTC review is performed by ERP)

Date

Name

Signature

#### Engineering/LCM/ R&D

Date

Name

Signature

#### Logistic

Date

Name

Signature

#### Supplier Quality

Date

Name

Signature