

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):

Oerlikon Company	Sales Volume	Products

Note: Kindly fill the form in English only

Language Selection: English

Oerlikon Supplier Self Information

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			Attach Relevant Certificates with SSI Form
<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			
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"/> Internal Code of Conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Others
<input type="checkbox"/> EICC Member (Electronic Industry Citizenship Coalition)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<u>asd</u>		

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

Note: Kindly fill the form in English only

Language Selection: English

Oerlikon Supplier Self Information

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:

Note: Kindly fill the form in English only

Language Selection: English 

Oerlikon Supplier Self Information

5. Remarks

For more information, contact the Office of the Vice President for Research and Economic Development at 515-294-6450 or research@iastate.edu.

List of machines & test equipment

Company Name:

Date: _____

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

Note: Kindly fill the form in English only

Language Selection:

Oerlikon Supplier Self Information

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

Logistic

Date

Name

Signature

Engineering/LCM/ R&D

Date

Name

Signature

Supplier Quality

Date

Name

Signature