**Purpose:**

The application of this Vendor-Self Assessment shall avoid entering into a business relation-ship of certain importance and risk potential without having a minimum degree of knowledge about the respective vendor and its company.

The purpose is not to check the vendor’s qualification in terms of special compliance with certificates that might be needed with regards to food contact or other regulations. This has to be done in the course of Request for Quotation (RFQ) latest and in compliance with Vetropack’s specification adhered.

**Application:**

Complying with Process “Vendor Evaluation – VGT-0501-07-PRD-EN” the Vendor-Self-Assessment shall be applied if a comprehensive audit is not justifiable in terms of internal costs and effort compared to the purchasing volume in question.

The Vendor-Self-Assessment shall be carried out if one of the below-listed questions is answered with “yes”. An internal approval is then needed before releasing the purchase order.

|  |  |
| --- | --- |
| 1. **Purchasing Volume**   Is the current or future cumulative purchasing volume 20’000 €/a. or more? | Yes  No |
| 1. **Risk Consequences**   Could a failure of supply or a defect in material/service lead to disruptions or malfunctions of Vetropack’s production? | Yes  No |
| 1. **Sourcing**   Is the object of purchase only procurable at this vendor? | Yes  No |

1. **Company Information** (item 1 to 5 to be filled in by designated vendor)

|  |  |
| --- | --- |
| Name of the company + legal form |  |
| Date of company’s foundation |  |
| Postal address |  |
| Type of company’s activity | ☐ Trading ☐ Manufacturing ☐ Engineering ☐ Consulting ☐ Services |
| Ownership |  |
| Revenue of the last three (3) years in Mio. EUR listed per year |  |
| Net Profit of the last three (3) years in Mio. EUR listed per year |  |
| No. of employees of the last three (3) years listed per year |  |
| Vendor’s portfolio: Kind and scope of supply and/or services (key words only) |  |
| Name of CEO:  Direct line:  E-mail address:  Name of sales representative:  Direct line:  E-mail address: |  |
| Company‘s website: |  |

1. **Quality Management**

Does your company have any implemented and certified systems in place?  
  
Yes    
  
If yes, please complete the following table and send us the copies of your Quality Management Certificates together with this filled questionnaire.

|  |  |  |
| --- | --- | --- |
| **Certification company resp. companies (e.g. TÜV, MOT)** | **Certified to (e.g. Certificate of ISO 9001)** | **Valid until** |
|  |  |  |

No

If not, do you plan to implement a certified system in the nearer future? And do you allow Vetropack to hold an audit at your premises?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not applicable    
  
If not applicable, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **References**

Please list min. three (3) references of your current customers with respective contact details of a person Vetropack can contact. The kind and scope of the below-mentioned references shall be comparable to Vetropack’s intended commission.

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference company** | **Contact details** | **Scope of supply and services** | **Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Claims against you and/or suits pending**

Please list any open claims against you and/or pending suits:

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Subject of claim** | **Claim volume [€]** | **Issue date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Code of Conduct**

With Signature the Vendor declares that all data are up-to-date and true and in full compliance with Vetropack’s Code of Conduct (see attachment “Supplier Code of Conduct”).

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor signature   
[authorized & registered person]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
  
Vendor’s company stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval (internal)**

Vendor approved for commissioning:  
   
  
YES  NO

If not please state the reason:  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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Signature of **requester** and **purchaser/buyer**:

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_