



## SUPPLIER QUESTIONNAIRE

DOC: CQF-012

REV: 6

### General Information

|   |                           |                  |                           |
|---|---------------------------|------------------|---------------------------|
| <b>Company Name:</b>                        | Click here to enter text. |                  |                           |
| <b>Street Address:</b>                      | Click here to enter text. | <b>City:</b>     | Click here to enter text. |
| <b>State:</b>                               | Click here to enter text. | <b>Zip Code:</b> | Click here to enter text. |
| <b>Phone No:</b>                            | Click here to enter text. | <b>Website:</b>  | Click here to enter text. |
| <b>Type of Product or Service provided:</b> | Click here to enter text. |                  |                           |

### Contact Information

|                   | Name                 | Title                | Phone No.            | Email                |
|-------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Quality</b>    | Click here to enter. | Click here to enter. | Click here to enter. | Click here to enter. |
| <b>Sales</b>      | Click here to enter. | Click here to enter. | Click here to enter. | Click here to enter. |
| <b>Production</b> | Click here to enter. | Click here to enter. | Click here to enter. | Click here to enter. |
| <b>Safety</b>     | Click here to enter. | Click here to enter. | Click here to enter. | Click here to enter. |
| <b>Health</b>     | Click here to enter. | Click here to enter. | Click here to enter. | Click here to enter. |
| <b>Energy</b>     | Click here to enter. | Click here to enter. | Click here to enter. | Click here to enter. |

**SUPPLIER QUESTIONNAIRE****DOC: CQF-012****REV: 6****Section 1**

|   | <u>Third Party Certification</u> |                              |                              |                              |
|---|----------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Environmental<br/>Health &amp;<br/>Safety /Energy<br/>Management</b> | ISO14001                         | ISO45001                     | ISO 50001                    | 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"/>  |

- 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 ☐
- 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         | Click here to enter. | Click here to enter . |
| Number of Lost/Restricted Workday Cases | Click here to enter. | Click here to enter   |
| Number of Fatalities                    | Click here to enter. | Click here to enter.  |
| Number of Man-Hours Worked              | Click here to enter. | Click here to enter.  |

- 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



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### Section 2

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

- If yes to any of the above, please provide a copy of the certificate and skip questions below then complete section 4.
- If **not** registered and have a documented quality system, provide a copy of the Quality Systems 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                  |
|--|---|---------------------------|
| Quality reports directly to top level management.  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Quality management system effectiveness is regularly checked (ex. internal audits).  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Quality management system audits are documented.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| All supplied quality-relevant materials are subjected to receiving inspection.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| There are written inspection/test instructions for receiving inspection.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Receiving inspection/test instructions are available and followed.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Results of receiving inspection are documented.  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Production processes are fixed in writing.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Material (supplied parts, unmachined parts, finished parts etc.) are clearly identified.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Defective parts are clearly identified to be "defective parts".  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Finished parts can be traced back.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| All manufactured product is 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"/> | Click here to enter text. |
| There are 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"/> | Click here to enter text. |
| Inspection/test instructions are available where needed.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Inspection/Test results are documented.  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Certificates of conformance are issued in accordance with thyssenkrupp rothe erde USA Inc. Terms and Conditions.   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Customers are informed about deviations from finished product requirements.  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Supplier guarantees nonconforming products are not forwarded to the  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |



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|   |   |                           |
|---|---|---------------------------|
| customer.   |   |                           |
| Process for control of nonconforming product is documented.             | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Employees understand the process for controlling nonconforming product. | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |
| Measuring and testing equipment is systematically controlled            | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Click here to enter text. |

### Section 3

|   |                                  |  |                              |  |                              |  |                              |  |
|---|----------------------------------|--|------------------------------|--|------------------------------|--|------------------------------|--|
| <b>Laboratories and Service Providers</b> | <b>Third Party Accreditation</b> |  |                              |  |                              |  |                              |  |
|   | 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:**

- 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.
- 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.
- thyssenkrupp rothe erde USA Inc.'s terms and conditions (located on thyssenkrupp rothe erde USA Inc.'s Website <http://www.rotek-inc.com/> in the Download Section).
- Records are established and maintained to provide evidence of conformity to thyssenkrupp rothe erde USA Inc. 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.
- All product supplied shall be authentic and conform to original equipment standards and designs and not be material that has been confirmed to be a copy, imitation or substitute that has been represented, identified, or marked as genuine, and/or altered by a source without legal right with the intent to mislead, deceive or defraud.

**Completed By:** Click here to enter      **Title:** Click here to enter.      **Date:** Click here to enter a date.

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



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### **FOR THYSSENKRUPP ROTHE ERDE USA INC. USE ONLY**

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