

Self-disclosure by the supplier

1. General information

Vendor number:			
Company name:			
Legal form:		Year of	
Street:		foundation:	
ZIP CODE:		P.O. Box:	
		Location:	
Web address:		E-Mail:	
Telephone number:			
Shareholders (numb		Fax number:	
	c.,. c.	(Please specify deta	ils separately)

	Name:	Tel. no:	E-Mail:
Management:			
Distribution:			
QM / UM:			
Purchasing:			
Finances:			
Production	e	<u>(</u>	<u>.</u>

2. Product groups

Which industry does your company belong to?

Manufacturing and delivery program	n:	
Number of employees:		
on sale:		
in purchasing:		
in development:		
in quality assurance:		
Trainees:		
in environmental		
protection:		

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3. Key figures

Annual turnover of the last 3 years:

	€	€	€
The 5 most important key customers:			Share in %

The 5 most important suppliers:

Share in %

Administration / Organization

Which software solutions do you use? Construction / Production

What is the current capacity utilization?

low	medium		high
Are there plans to e	xpand capacity?		
Short term	Medium_term	long_term	

short term	Medium-term	long-term	not possible

4. Fragen zum Qualitätsmanagement

Do you have a quality management system?		Yes	No
Is the QM system certified?		Yes	No
If "yes", according to which standard?			
Do you intend to become certified?		Yes	No
Have you already been audited by customers?		Yes	No
Do you have a quality management manual?		Yes	No
Who is your contact for quality assurance?			
Name:	Tel:		



If your company does not have a certified managen	nent system:
Are documented QA inspections carried out?	Yes No
Do you have product labeling in terms of traceability?	
	🗌 Yes 📃 No
Do you have a final product inspection?	YesNo
Does your company have measures in place to prevent f parts from being delivered?	aulty
If yes, which one? \rightarrow Please provide a brief description set	eparately.
Questions about environmental protection:	
Do you have an environmental management system?	Yes No
Has this been certified?	Yes No
According to DIN EN ISO 14001?	Yes No
According to EU Eco-Audit Regulation 1836/93?	Yes No
Do you intend to become certified?	Yes No
Who is your contact for environmental protection and occ safety?	cupational
Name:	Tel:
If your company does not have a certified environment	
Do you have an environmental management manual?	Yes No
Are documented environmental and occupational safety inspections carried out?	Yes No
Does your company have a valid hazardous substances register?	Yes No
Are environmental laws and guidelines complied with?	Yes No
How is disposal carried out? Is the material recycled?	
	Yes No

If your company is certified according to the standard, <u>please send us a</u> <u>copy of the certificate</u>.

5. Questions about the Code of Conduct
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Have you received the Code of Conduct? Have you taken note of our Code of Conduct?

Do you ensure compliance with the regulations of the Code of Conduct within the scope of our cooperation?

Have you taken note of the obligation to retain the relevant documents proving compliance with the Code of Conduct?

Have you taken note of our right to review compliance with the Code of Conduct?

	<u> </u>	
Yes		No

Return on Investment

No

Yes

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6. Questions about product liability

Do you have public and product liability insurance?					No		
Sum insured:		USA/CAN cover:	Yes		No		
Is there an extende Installation costs?	ed product liability inclu	ding training and	Yes		No		
Insurer:							
Sum insured:		USA/CAN cover:	Yes		No		
Is there recall cost insurance?			Yes		No		
Insurer:							
Sum insured:		USA/CAN cover:	Yes		No		
Is there a tool recourse insurance?			Yes		No		
Insurer:							
Sum insured:		USA/CAN cover:	Yes		No		
Is there a business interruption insurance incl.							
Interaction damage	?		Yes		No		
Insurer:							
Sum insured:		USA/CAN cover:	Yes		No		

Name:		
Function:		
Place / Date:	Signature:	

Thank you for your cooperation!