



VENDOR AND SUBCONTRACTOR QUESTIONNAIRE

A. GENERAL INFORMATION	
Company name	
Company Address	
Parent Company name	
Parent Company address	
Parent Company subsidiaries	
Contact information	
Contact name	Phone number
Company website	
Geographical Area of Business	
Nature of business	
<input type="checkbox"/> Manufacturer <input type="checkbox"/> Fabrication <input type="checkbox"/> Distributor <input type="checkbox"/> Services <input type="checkbox"/> Subcontractor <input type="checkbox"/> Others	
Date of foundation	Registration no. / VAT ID
Briefly description of the product / service that your organisation provides:	
REFERENCES:	
List 3 of your major clients in the past 5 years, including company name, project, contact and phone no.	
1.	
2.	
3.	

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Have there been any judgments/claims/suits pending against your Company in the last 3 years?

YES NO

If "YES", please explain:

Are all documents pertaining to this questionnaire available for auditing?

YES NO

If "NO", please explain:

Has your company ever been involved in any bankruptcy or reorganization proceedings?

YES NO

If "YES", please attach details:

B. FINANCE

Gross revenue / Turnover for each of the last 3 years:

Gross revenue	Year
Gross revenue	Year
Gross revenue	Year

Please attach the annual report for the last 3 fiscal years

Complete the following financial information in €:

1	Value of assets:
2	Anticipated gross revenue/turnover:
3	Anticipated gross profit:
4	Liabilities:
5	Total value of outstanding invoices:
6	Value of work in progress:

Describe your Company's financial evolution over the last 5 years in €:

1	Company asset growth:
2	Company equity growth:
3	Average return on total capital:
4	Average return on equity:
5	Average return on sales:

Banking Reference:	Current Line of Credit:	Trading Reference:
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Bonding Reference:	Current Bond Capacity:	Current Bond Cost:
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Please provide your Dun & Bradstreet/KBIS/RCS Number:

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Is your company an Authorized Economic Operator (AEO)?

- YES Registration Number:
 NO

The information requested must be for the Division that is providing the work/service, Branch, etc. for your company. Do not provide details at a national or international level.

C. MANPOWER

Please specify number of employees:

Management	
Sales - Estimation	
Technical & Engineering	
Procurement	
Administration	
Production	
QA	
QC - NDE	
Safety	
Other (please specify)	
TOTAL	

D. FACILITIES

FACTORY / SITE INFORMATION (where work / service is being performed)

Physical Address

Total area	m ²
Covered storage	m ²
Open yard storage	m ²
Production covered area	m ²
Production uncovered area	m ²

Manufacturing equipment and workshop facilities

Please list the main manufacturing equipment

Please list the main testing equipment

SHIPPING & LOGISTIC

Available shipping facilities – Please indicate information about:

Truck	
Water	
Air	
Train	

E. QUALITY ASSURANCE

Certificates (please attach a copy):

- ISO 9001:2015
 PED 97/23/EC

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- ASME
- NB R
- ISO 14001
- ISO 45001
- Others (please specify)

Does your company have a Certified Quality System?

- YES Date of issue:
- NO

If "YES" please attach the Certificate and the Manual and go to section F. HSE

If "NO", does your company's address the following key elements:

1	Management Responsibility	YES	NO
2	Documentation Requirements	YES	NO
3	Resource Management	YES	NO
4	Product Realization	YES	NO
5	Measurement Analysis and Improvement	YES	NO

Does your company include work practices such as:

1	QMS System Training Program	YES	NO
2	Document Control	YES	NO
3	Control of Records	YES	NO
4	Competence, Awareness and Training	YES	NO
5	Contract Review	YES	NO
6	Verification of Purchased Products	YES	NO
7	Control of Production and Service Provision	YES	NO
8	Identification and Traceability	YES	NO
9	Customer Property	YES	NO
10	Preservation of Product	YES	NO
11	Customer Satisfaction Surveys/Record Log	YES	NO
12	Internal Audits	YES	NO
13	Monitoring and Measurement of Processes	YES	NO
14	Monitoring and Measurement of Product	YES	NO
15	Calibration of Measuring Devices	YES	NO
16	Control of Non-Conforming Product	YES	NO
17	Identification and Analysis of Root Causes	YES	NO
18	Supplier Qualification and Management	YES	NO
19	Continual Improvement	YES	NO
20	Engineering & Design (Input/Output/Verification/Validation)	YES	NO
Does a Corrective Action record exist?		YES	NO
Is the Corrective and Preventive Action record available for third party audit?		YES	NO
Does your company have a written procedure for the following:			
1	Internal Audits	YES	NO
2	Control of Non-Conforming	YES	NO

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3	Corrective and preventive Action	YES	NO
4	Calibration	YES	NO

F. HSE

Does your company have a Health Safety and Environment Certified Management System?

YES NO

If "YES" please attach the certificate and go to next section "ATTACHMENTS".

If "NO", is its realisation planned? Within when?

Does your Company have written procedures to guarantee the Safety and Environment respect in working place?

YES NO

If "YES", please attach a list.

Has your Company foreseen the safety risk evaluation? For what kind of risks?

Does your Company provide a proper training regarding Safety?

YES NO

If "YES", do you evaluate the efficacy of such training?

Does your Company check timely its plants and equipment
(lifting devices, tools machines, electric plant, elevators, etc.)

YES	NO
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Does your Company deliver to workers the Safety Protection Devices?

YES	NO
-----	----

Does your Company have a programme to improve the prevention in HSE?

YES	NO
-----	----

Did you identify the risky or emergency areas?

YES	NO
-----	----

Does your Company have an emergency plan?

YES	NO
-----	----

Does your Company dispose the production waste according to environment national laws?

YES	NO
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Does your Company respect the Environment laws requirements?

YES	NO
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ATTACHMENTS

Please submit the following:

- Certificates / Licenses
- Organisation chart
- Quality organisation chart
- Quality Manual



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- Reference list
- List of products
- Technical catalogue
- Safety statistic
- Fiscal Annual Report
- Others

QUESTIONNAIRE COMPLETED BY:

Name	Date
Designation	Signature

EVALUATION APPROVAL STATUS - TO BE FILLED UP BY FBM HI**PCT MANAGER (A,C,D,G)**

Reviewed by	Designation	Date
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Comments

QA MANAGER (E,F)

Reviewed by	Designation	Date
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Comments

FINANCE MANAGER (B)

Reviewed by	Designation	Date
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Comments

APPROVAL BY MANAGEMENT

Is there any conflict of interest with this supplier?
If yes, please explain.



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<input type="checkbox"/> QUALIFIED	<input type="checkbox"/> REJECTED	Signature	
		Date	
Comments - (This part shall be filled in case of incomplete questionnaire)			
FBMHI CODE		PRODUCT CODE	EVALUATION CODE



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