|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **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  🞏 Manufacturer 🞏 Fabrication 🞏 Distributor 🞏 Services 🞏 Subcontractor 🞏 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. | | | | |
|  | | | | |
| 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: | | |
| Bonding Reference: | Current Bond Capacity: | Current Bond Cost: | | |
| Please provide your Dun & Bradstreet/KBIS/RCS Number: | | | | |
| 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 | m² | | | |
| Covered storage | m² | | | |
| Open yard storage | m² | | | |
| Production covered area | m² | | | |
| Production uncovered area | m² | | | |
| 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  🞏 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 |
| 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 |
| 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 |
| Does your Company respect the Environment laws requirements? | | | YES | NO |
|  | | | | |
| **ATTACHMENTS** | | | | |
| Please submit the following:  🞏 Certificates / Licenses  🞏 Organisation chart  🞏 Quality organisation chart  🞏 Quality Manual  🞏 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 | | |
| Comments | | | | |
| QA MANAGER (E,F) | | | | |
| Reviewed by | Designation | Date | | |
| Comments | | | | |
| FINANCE MANAGER (B) | | | | |
| Reviewed by | Designation | Date | | |
| Comments | | | | |
| **APPROVAL BY MANAGEMENT** | | | | |
|  | | | | |
| Is there any conflict of interest with this supplier?  If yes, please explain. | | | | |
| **🞏 QUALIFIED 🞏 REJECTED** | Signature | | | |
| Date | | | |
| Comments - (This part shall be filled in case of incomplete questionnaire) | | | | |
| **FBMHI CODE** | **PRODUCT CODE** | **EVALUATION CODE** | | |