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| **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 🞏 NOIf “YES”, please explain:Are all documents pertaining to this questionnaire available for auditing? 🞏 YES 🞏 NOIf “NO”, please explain: Has your company ever been involved in any bankruptcy or reorganization proceedings?🞏 YES 🞏 NOIf “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 |  |
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| **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 |
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| **F. HSE**  |
| Does your company have a Health Safety and Environment Certified Management System?🞏 YES 🞏 NOIf “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 🞏 NOIf “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 🞏 NOIf “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**  |