



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 1. General Information

Distance to nearest local airport \_\_\_\_\_ Minutes by car \_\_\_\_\_

Distance to nearest int'l airport \_\_\_\_\_ Minutes by car \_\_\_\_\_

Year company founded \_\_\_\_\_

Identification/Registration No. \_\_\_\_\_ Country \_\_\_\_\_

Company core business \_\_\_\_\_

Years experience in supplying parts to industries of IMI's core competences \_\_\_\_\_

List locations of sales offices in China and elsewhere \_\_\_\_\_

Company structure  Private Owned  
 Joint Venture, who \_\_\_\_\_ %  
 Wholly Owned Financial Investment  
 Subsidiary, Holding Company \_\_\_\_\_  
 State Owned  
 Other, Explain \_\_\_\_\_

Registered Capital \_\_\_\_\_ (Currency) \_\_\_\_\_

Gross yearly sales (Currency) \_\_\_\_\_  
2 years ago \_\_\_\_\_ Last year \_\_\_\_\_ Current year Target \_\_\_\_\_ Next year Target \_\_\_\_\_

Export License  Yes, Export License  
 No, Trading Company, Name/Address \_\_\_\_\_

Do you complete work for any national government(s)? What percentage of sales? \_\_\_\_\_

Do any of your individual customers make up more than 25% of your sales? Yes  No

Percentage of sales exported \_\_\_\_\_ %



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 1. General Information cont.

List Major Customers / Industries / Sectors Served

Major Customer / Industry / Sector	% of sales

Do you have a business relationship with IMI or any subsidiary? Who/Explain. \_\_\_\_\_

Is there an expected change of ownership, which could affect long term a relationship with IMI? Explain.

## 2. Employee and Contact information

Position	Name	Telephone No. E-mail	Years in appointment	English Speaking
General Manager				<input type="checkbox"/>
Purchase Manager				<input type="checkbox"/>
Engineering/ Design Mgr				<input type="checkbox"/>
Production Manager				<input type="checkbox"/>
Quality Manager				<input type="checkbox"/>
Sales Manager				<input type="checkbox"/>
Human Resources Manager				<input type="checkbox"/>



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 2. Employee and Contact information, cont.

Health, Safety Environment Manager				<input type="checkbox"/>
Key Contact .....				<input type="checkbox"/>
24 hr Contact .....				<input type="checkbox"/>

## 3. Employee and Contact Information Cont.

	Total	Manufacturing	Quality	Engineering	Design
Employees					

Do you use temporary personnel? What percentage? \_\_\_\_\_

What is your percentage of personnel turnover? \_\_\_\_\_

What is your absenteeism rate? \_\_\_\_\_

Maximum hours worked per employee per week \_\_\_\_\_

Maximum overtime hours worked per employee per week \_\_\_\_\_

Age of youngest employee, what proof of age is checked? \_\_\_\_\_

Local / national minimum wage is met? Yes  No

Use of involuntary prison labour or home labour? Yes  No

Do you have an equal opportunity policy? Yes  No

Do you recognise and support active trade union participation? Yes  No

If not, do you support other forms of freedom of association and collective bargaining? Yes  No

Describe any plans you have for investment in equipment, relocation or factory extension  
\_\_\_\_\_



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 4. Risk Management and Insurance

Is your manufacturing location in an area that experiences:

- Earthquake Yes  No
- Volcano Yes  No
- Tsunami Yes  No
- Windstorm (Hurricane, Cyclone, Tornado, etc.) Yes  No
- Flood (River, Rain, Coastal, etc.) Yes  No

Do you have insurance coverage for the following areas:

- Product liability Yes  No
- If yes, amount \$
- Including for USA and Canada Yes  No
- Property damage (fire, explosion, etc) Yes  No
- Natural catastrophe Yes  No
- Logistics (Marine/Transit) Yes  No

Has senior management assessed risks to business continuity? Yes  No

Do you have a Business Continuity Plan (BCP) Yes  No

## 5. General Capabilities

List Primary Production Processes

Process Description	Years Experience

**5. General Capabilities, cont.**

List Secondary Production Processes

Process Description	Years Experience

List Sub-contracted Production Processes

Process Description	Years Experience

Indicate those hazardous processes that you operate.

	On-site	Subcontracted for IMI products
Degreasing	<input type="checkbox"/>	<input type="checkbox"/>
Metal cleaning tanks	<input type="checkbox"/>	<input type="checkbox"/>
Metal plating works	<input type="checkbox"/>	<input type="checkbox"/>
Paint spraying	<input type="checkbox"/>	<input type="checkbox"/>
Foundry/casting	<input type="checkbox"/>	<input type="checkbox"/>
Welding/brazing	<input type="checkbox"/>	<input type="checkbox"/>
Grinding/de-burring/fettling	<input type="checkbox"/>	<input type="checkbox"/>
Pressure testing	<input type="checkbox"/>	<input type="checkbox"/>
Use of halons, CFCs, HCFCs	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

What percentage of work is subcontracted?      \_\_\_\_\_ %

What percentage of critical processes is subcontracted?      \_\_\_\_\_ %

Current production capacity utilised      \_\_\_\_\_ %



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 5. General Capabilities, cont.

Tooling capabilities in-house/subcontracted? \_\_\_\_\_

Range of production capabilities (production quantities per month)

Smallest production quantity \_\_\_\_\_

Average production quantity \_\_\_\_\_

Largest production quantity \_\_\_\_\_

Software used for design and engineering \_\_\_\_\_

## 6. Production Information

Does your company have its own manufacturing facilities? \_\_\_\_\_

Is the property(s) Leased  Rented  Owned

Size of production area \_\_\_\_\_ M<sup>2</sup> Location \_\_\_\_\_

Normal hours of work (hours/shifts per day/week) \_\_\_\_\_

Maximum hours of work (hours/shifts per day/week) \_\_\_\_\_

Scheduled annual plant closures: \_\_\_\_\_

List Production Equipment

Brand, Type	Description, Capability, Etc.	Age

**6. Production Information, cont.**

List Raw Materials

Raw Materials	Material Classification	Tonnes / Month
Carbon Steel		
Stainless Steel		
Iron		
Brass/Bronze		
Zinc		
Aluminium		
Plastics		
Others		

**7. Quality and Inspection**

QA laboratory? Yes  No  If No, who do you use? \_\_\_\_\_

Dimensional ranges measurable \_\_\_\_\_

Mechanical property / chemical composition analysis capability \_\_\_\_\_

Surface finish measuring capability \_\_\_\_\_

Other inspection capabilities \_\_\_\_\_

List Inspection Equipment

Brand, Type	Description, Capability, Etc.	Age



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 7. Quality and Inspection, cont.

Quality/HS&E certifications	<b>STANDARD</b>	<b>ISSUED BY - VALID TO (DATE)</b>
<input type="checkbox"/>	ISO/TS 16949	_____
<input type="checkbox"/>	ISO 9001	_____
<input type="checkbox"/>	ISO 13485	_____
<input type="checkbox"/>	ISO 14001	_____
<input type="checkbox"/>	OHSAS 18001	_____
<input type="checkbox"/>	Other, specify	_____

Product approvals	<b>STANDARD</b>	<b>PRODUCTS</b>
<input type="checkbox"/>	UL	_____
<input type="checkbox"/>	NSF	_____
<input type="checkbox"/>	CE	_____
<input type="checkbox"/>	GS	_____
<input type="checkbox"/>	FDA	_____
<input type="checkbox"/>	Other, Specify	_____

	Last year	Year to Date	Current Year Target
Percent on-time delivery	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Last year	Year to Date	Current Year Target
PPM customer returned	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Last year	Year to Date	Current Year Target
PPM internal	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Last year	Year to Date	Current Year Target
PPM suppliers	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Last year	Year to Date	Current Year Target
Cost of Quality (% of Sales) (eg. scrap, rework, warranty)	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 8. Financial and Commercial Information

Will your company provide detailed cost analysis if requested by IMI? \_\_\_\_\_

What is your company's target profit margin? \_\_\_\_\_

What is your company's current asset ratio? (total current assets / total current liabilities) \_\_\_\_\_





# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## 8. Financial and Commercial Information, cont.

What is your company's stockholder asset ratio? (stockholder assets / total assets) \_\_\_\_\_

What are your company's terms of payment? \_\_\_\_\_

What is your preferred currency for payment? \_\_\_\_\_

Does your company accept electronic payment? Yes  No

Does your company have a minimum order quantity? Yes  No

How quickly is your company responding to RFQ's? \_\_\_\_\_

What percentage of your company's annual sales is invested in R&D? \_\_\_\_\_ %

What percentage of your company's annual sales is invested in capital equipment? \_\_\_\_\_ %

What is your estimated average payback period for capital equipment investment? \_\_\_\_\_ %

What is your company's normal lead time for: Prototype parts? \_\_\_\_\_

New product launch? \_\_\_\_\_

Production parts? \_\_\_\_\_

Who are your key competitors? \_\_\_\_\_

Is your company able to provide Kanban or hold stock for IMI? Explain. Yes  No

Does your company have a reliable power source or own generator? Explain. Yes  No

Does your company have any experience with IT systems such as SAP or web based applications for the purpose of supply chain management, shipment notification, inventory tracking, parts forecast, etc? Explain.



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

**9. Responsible Business Self-Assessment Questionnaire (Evidence of compliance may be requested)**

Please answer all questions.

	Yes	No
1. Do you comply with all applicable laws that govern: human rights; employee working age; wage rates; working hours; health, safety; and the environment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you confirm that you do not use forced, bonded, or involuntary prison labour?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you support the principles of the UN Global Compact (see IMI Supply Chain Policy tab)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you permit freedom of association (such as through Trades Unions, or equivalent arrangements) in keeping with local legislation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you implemented policies to ensure that workers and prospective workers are protected from discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all of you employees over the age of 14?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you only give employees who are between 14 and 18 years of age duties that will not impair their physical development?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can you confirm that national/local requirements for wages levels and other benefits are met or exceeded?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do employees work hours that comply with national laws?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you assessed the safety of employees in the event of a fire and taken precautionary actions to minimise risk in line with local good practice?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have employees been trained in what to do in the event of a fire?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you assessed workplace health and safety and taken precautionary actions to minimise risk in line with local good practice?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have employees received appropriate equipment and training in techniques and that will protect their health and safety?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you assessed the pollution risks associated with your business and taken precautionary actions to minimise risk to the environment in line with local good practice?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have employees received training on pollution prevention measures?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you encourage your suppliers to operate responsibly in respect of the above issues?	<input type="checkbox"/>	<input type="checkbox"/>

**10. Business Practice (Evidence of compliance may be requested)**

Please answer all questions.

If N/A is selected, please provide a written reason why below.

**Management Responsibility/Organisation**

	Yes	No
1. Do you have a formal business plan, which identifies strategic targets for measurement and improvement?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a mission statement, and does it target Customer Satisfaction and Continuous Improvement?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you review your performance on a regular basis via management review?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are regular planned system audits carried out to check conformity and effectiveness of management systems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently free of any investigation or constraints of trade enforced by the Health and Safety or Environmental regulator?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a formal documented training program, does this include quality awareness and are records maintained?	<input type="checkbox"/>	<input type="checkbox"/>

**Responsible Business Including Health, Safety and Environment**

	Yes	No
7. Do you have Senior Manager(s) responsible for Health, Safety and the Environment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have formal Documented Risk Assessments for processes and tasks?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a register of accidents and incidents?	<input type="checkbox"/>	<input type="checkbox"/>
10. Personal safety equipment is supplied, if required, in accordance with risk assessments?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are material safety data sheets available for any/all substances used and in the local language?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you aim to continually minimise waste, both internally and in the products and services you provide?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is there a system in place to allow for the use of returnable packaging for deliveries to your customers?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have procedures to prevent pollution of air, land and water?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have procedures to manage waste safely and to protect the environment?	<input type="checkbox"/>	<input type="checkbox"/>



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

**Responsible Business Including Health, Safety and Environment, cont.**

	Yes	No
16. Do you design products/processes to minimise the impact on the environment? (minimising hazardous materials, increasing recyclability, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**Customer Communications/Satisfaction, Continual Improvement and Disaster Recovery**

	Yes	No
17. Do you have facilities for Electronic Data Interchange?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is engineering and technical support available for supplied product and their applications?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does system and service include on-site visits to customers when requested?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there a formal system for dealing with all customer complaints and is a formal investigation and report issued?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have a continuous improvement plan that targets zero defects?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you target continuous reductions in lead time / time to market?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you utilise business improvement teams to drive disciplined efficiency and quality programs such as trend analysis, Lean Manufacturing, Six Sigma, TPM, 5S, SMED, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
24. Does a procedure exist for quotation/contract/order review, is it documented and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is data systems backup and off-site storage in place?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you utilise contingency planning in the event of emergency or failure?	<input type="checkbox"/>	<input type="checkbox"/>

**Product and Process Development (APQP)**

	Yes	No	N/A
27. Are there documented procedures to control and verify the design of the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have an R&D facility and/or product validation capabilities in-house?	<input type="checkbox"/>	<input type="checkbox"/>	
29. Is there a product/process design control change procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>	



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## Product and Process Development (APQP), cont.

	Yes	No	N/A
30. Is there a process to verify that final product/process design matches the original product/process specification?	<input type="checkbox"/>	<input type="checkbox"/>	
31. Are processes and equipment approved prior to production?	<input type="checkbox"/>	<input type="checkbox"/>	
32. Are records maintained of critical process verifications?	<input type="checkbox"/>	<input type="checkbox"/>	
33. Do you track legislation to ensure avoidance of risk from limitations on use of materials or chemicals within products in the country of manufacture or use of the product (such as REACH, RoHS) regulations. See Definitions at the end of this document.	<input type="checkbox"/>	<input type="checkbox"/>	
34. Is there a process to identify "substances of very high concern (SVHC)" for any products you may supply to IMI, if applicable? See Definitions at the end of this document.	<input type="checkbox"/>	<input type="checkbox"/>	
35. Does the company utilise a formal planning and submission system prior to manufacture and/or supply of product? (eg. APQP, PPAP)	<input type="checkbox"/>	<input type="checkbox"/>	
36. Are there procedures which specify the appropriate statistical applications and their use?	<input type="checkbox"/>	<input type="checkbox"/>	
37. Are you willing to provide a representative of your technical function to participate in IMI project teams?	<input type="checkbox"/>	<input type="checkbox"/>	
38. Do you utilise engineering software? (eg. AutoCAD, Master CAM, CAQ, Pro E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Quality Support (Laboratory, Inspection, Calibration and Internal Audits)

	Yes	No
39. Is the quality function formally organised and does it report to appropriate senior management?	<input type="checkbox"/>	<input type="checkbox"/>
40. Is there a system in place for the accumulation and reporting of cost of quality, which may include scrap, rework, warranty, premium freight and inspection?	<input type="checkbox"/>	<input type="checkbox"/>
41. Is there an adequate receiving/in-process/final inspection sampling plan with zero-defect acceptance utilised?	<input type="checkbox"/>	<input type="checkbox"/>
42. Are results of inspection clearly stated and documented and records maintained?	<input type="checkbox"/>	<input type="checkbox"/>
43. Is there a documented procedure for the calibration of measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>
44. Are all gages measuring and test equipment calibrated and can the status be verified to a traceable national/international standard?	<input type="checkbox"/>	<input type="checkbox"/>



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## Quality Support (Laboratory, Inspection, Calibration and Internal Audits), cont.

	Yes	No
45. Is verification performed on parts and stock produced with gages, measuring or test equipment found to be out of calibration?	<input type="checkbox"/>	<input type="checkbox"/>

## Procurement and Materials Planning

	Yes	No
46. Do you operate and maintain an approved supplier register?	<input type="checkbox"/>	<input type="checkbox"/>
47. Do you measure the performance of your suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
48. Is there a supplier assessment system which rates suppliers and periodically reassesses them?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do purchasing documents clearly define specific requirements?	<input type="checkbox"/>	<input type="checkbox"/>
50. Are suppliers preferred to be ISO 9001 Certified?	<input type="checkbox"/>	<input type="checkbox"/>

## Material Handling/Storage and Control of Nonconforming Product

	Yes	No
51. Are materials and parts subjected to receiving procedures?	<input type="checkbox"/>	<input type="checkbox"/>
52. Are there documented procedures for handling, storage, packaging and dispatch?	<input type="checkbox"/>	<input type="checkbox"/>
53. Do these procedures protect product quality?	<input type="checkbox"/>	<input type="checkbox"/>
54. Is there a system in place to allow for batch identity to be maintained throughout?	<input type="checkbox"/>	<input type="checkbox"/>
55. Is there a system in place to control customer-supplied materials?	<input type="checkbox"/>	<input type="checkbox"/>
56. Is Non-Conforming material identified and segregated to prevent usage?	<input type="checkbox"/>	<input type="checkbox"/>
57. Are written dispositions made on non-conforming material?	<input type="checkbox"/>	<input type="checkbox"/>
58. Are concessions for deviations from specifications sought from the customer prior to dispatch?	<input type="checkbox"/>	<input type="checkbox"/>



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## **Production, Process Control and Monitoring, Preventive Maintenance and Tooling Management**

	Yes	No	N/A
59. Is there a system in place to ensure that the latest applicable drawing, specification or instruction is being used?	<input type="checkbox"/>	<input type="checkbox"/>	
60. Do you operate a formal Production Control System?	<input type="checkbox"/>	<input type="checkbox"/>	
61. Are all lots clearly identified to status (approved, on-hold, rejected) and at planned intervals?	<input type="checkbox"/>	<input type="checkbox"/>	
62. Is there a documented approval of capability prior to batch production?	<input type="checkbox"/>	<input type="checkbox"/>	
63. Is SPC/Statistical Quality Control (SQC) utilised for significant product characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	
64. Is there adequate reaction to out-of-control processes?	<input type="checkbox"/>	<input type="checkbox"/>	
65. Do control charts indicate that statistical control has been achieved and that the process capability has been demonstrated to achieve minimum process capability of 1.33 CpK and in cases where process is not capable, is there a plan to improve the process?	<input type="checkbox"/>	<input type="checkbox"/>	
66. Do you have a written program requiring your suppliers to use SPC techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Is there a documented procedure and controls for preventive maintenance of tooling and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	

## **Finished Goods and Delivery**

	Yes	No
68. Is packaging adequate and are methods tested?	<input type="checkbox"/>	<input type="checkbox"/>
69. Do you deliver via. own transport / freight forwarders?	<input type="checkbox"/>	<input type="checkbox"/>
70. Are you able to use IMI's freight partner(s)?	<input type="checkbox"/>	<input type="checkbox"/>
71. Does the shipping function verify purchase order quantities and packaging, as well as assure all customer requirements and certifications are included with the shipment?	<input type="checkbox"/>	<input type="checkbox"/>
72. Where normal delivery method will result in late delivery, do you use premium freight.	<input type="checkbox"/>	<input type="checkbox"/>
73. Is there a system in place to monitor excess freight costs, if required?	<input type="checkbox"/>	<input type="checkbox"/>
74. Does the company offer after sales service and/or servicing of your product?	<input type="checkbox"/>	<input type="checkbox"/>



# Supplier Survey

dd/mm/yyyy

Version 2,6 30-Mrz-2010

Supplier: 0

## Corrective/Preventive Action, Control of Documents and Records

	Yes	No
75. Does a documented system exist for analysing data to determine cause of non-conforming items?	<input type="checkbox"/>	<input type="checkbox"/>
76. Does a documented system exist for documenting and reporting corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>
77. Does a documented system exist for evaluation and verification of effectiveness for corrective and preventive actions?	<input type="checkbox"/>	<input type="checkbox"/>
78. Are suppliers notified of rejections and required to provide details of corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>
79. Is there an internal product/process change control system?	<input type="checkbox"/>	<input type="checkbox"/>
80. Is there a system for precluding the use of obsolete documents?	<input type="checkbox"/>	<input type="checkbox"/>
81. Are systems in place to ensure IMI is notified of any changes in the part or process?	<input type="checkbox"/>	<input type="checkbox"/>
82. Are design and production records maintained, at a minimum, for the life of the product?	<input type="checkbox"/>	<input type="checkbox"/>
83. Do records exist to prove effectiveness of the quality management system?	<input type="checkbox"/>	<input type="checkbox"/>
84. Does the system specify what records are to be maintained and retained, the retention period, identification and storage conditions?	<input type="checkbox"/>	<input type="checkbox"/>

## Comments or Reasons for N/A answers.

---

---

---

---

---

---

---

---

---

---



**11. Requested Materials:**

Please provide the following documents, if applicable.

Organisation chart

Plant and equipment list - production and quality

Latest company annual reports, where available (eg. Dunn and Bradstreet)

Signed Supply Chain Policy Compliance Statement

Copy of the following:

- Certificate of insurance
- Product liability agreement
- Company literature and/or presentation
- Health & Safety management system certific
- Health and safety policy statement
- Laboratory registration certificate
- Quality manual
- Quality management system certificates
- Environmental policy statement
- Environmental management system certificate

**12. Definitions****1. Substances of very High Concern (SVHC)**

Substances of very high concern (SVHC) are in connection with the European REACH Regulations.

Substances of very high concern (SVHC) are substances, which may cause serious damage to human health or the environment (see below). They may be selected for inclusion in Annex XIV of REACH or the candidate list for inclusion on Annex XIV. For more information on REACH see

[http://echa.europa.eu/reach\\_en.asp](http://echa.europa.eu/reach_en.asp)

The following substances are considered substances of very high concern:

- Substances meeting the criteria for classification in accordance with Directive 67/548/EEC:
- Carcinogenic category 1 or 3
- Mutagenic category 1 or 3
- Toxic for reproduction category 1 or 3
- Substances which are persistent, bioaccumulative and toxic (PBT) or very persistent and very bioaccumulative (vPvB) in accordance with the criteria set out in Annex XIII of REACH.
- Substances having endocrine disrupting properties or substances having persistent, bioaccumulative and toxic properties or very persistent and very bioaccumulative properties or any other property giving rise to an equivalent level of concern to those substances listed above.

**2. Restriction of certain Hazardous Substances (RoHS)**

EU Directive 2002/95/EC on the restriction of the use of certain hazardous substances in electrical and electronic equipment. Products placed on the EU market on or after 1 July 2006 may not contain more than the specified limits of lead, cadmium, mercury, hexavalent chromium, polybrominated biphenyls (PBB) and polybrominated diphenyl ethers (PBDE). For more on RoHS see

<http://www.envirowise.gov.uk/rohs>