

SUPPLIER SELF EVALUATION QUESTIONNAIRE

Company Name:	
Address:	
Town:	
County:	
Post Code:	
Company Reg No:	
Telephone	
Fax No:	
Web Site:	

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Sales Contact:	
Direct Tel No:	
Mobile Tel No:	
Email Address:	

Quality Contact:	
Direct Tel No:	
Mobile Tel No:	
Email Address:	

Name and Address of Parent Company (if applicable):	
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Section 1 - General Information

(Please Note: if you are a stockist you only need to complete section 1 & 3)

Main activity:	
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Are you a Manufacture or a stockist?

Manufacturer

Stockist

Gross Annual Sales?: -

Current:

Prior Year:

If currently a supplier state percentage of turnover represented by Rollalong account? (%)

Size of Facilites? (Sq.Ft / Sq.Mtr)

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Section 1 - General Information (continued)

Does your Company have an accredited Quality Management System (ISO 9001)?

- Yes
 No

If Yes, please enclose a copy of certificate;

If No, are you planning to gain approval?

- Yes
 No

Within (months)

Are you prepared to let Rollalong Quality audit you?

- Yes
 No

Please list any other
Quality Systems
accreditations held:

Is batch numbering and traceability used?

- Yes
 No

Do you have quality corrective/preventive action process?

- Yes
 No

Section 2 - Engineering and Production Capabilities

Do you use CAD system for drawing / design?

- Yes
 No

If Yes, name and version:

What is the age and condition of your
main manufacturing equipment?

Plant list enclosed/attached?

- Yes
 No

What production planning
processes do you use?

What material testing/evaluation
capability do you have?

Do you utilise Kanban or some type of demand pull manufacturing system
(i.e. Lean Manufacturing techniques) internally?

- Yes
 No

If Yes, percentage of your Customers parts that are Kanban?

Can you transfer information / data electronically?

- Yes
 No

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Section 2 - Engineering and Production Capabilities (continued)

Do you have a preventative maintenance programme?

Yes

No

Are process control plans developed and used?

Yes

No

Is an approval system used at start up, tool changes and process changes?

Yes

No

Section 3 - Health Safety and Environmental

Is there a documented safety programme in place?

Yes

No

Have you implemented an Environmental management system similar to ISO 14001?

Yes

No

Do you have a waste minimisation recycling programme?

Yes

No

Are raw materials from a sustainable source?

Yes

No

What percentage of capacity is currently utilised (%)?

Number of Employess (total)?

Please provide a copy of your current Public Liability Insurance and Employer's Liability Insurance.

Documents Enclosed/Attached?

Yes

No

I hereby certify that all the information provided is correct to the best of my knowledge and I agree to provide Rollalong with any updates as they arise.

Completed by (Name):

Position:

Signed:

Notes:

If you are not able to digitally sign the document still send via Email. A copy of your Email will be kept, which will be proof of who completed the form and certification.

Rollalong would prefer that the completed Sub-Contractor Accreditation Questionnaire form was sent by Email with all relevant documents attached.

Rollalong Use Only: (Read Rollalong procedure QP06 (Purchasing) section 4 prior to completing this part of form!)

Supplier Category:

1

2

3

Comments/Notes:

Name Print:

Date:

Signed: