

# FORM - Supplier Self-Evaluation

eDoc No.: CD-0000169 eDoc Vers.: 9  
 Identifier: K1042145 Revision: J



Dornier MedTech is a manufacturer of medical devices. To fulfill the requirements according to ISO 13485 in evaluation of suppliers, we created this questionnaire. By this questionnaire we want to keep the number of audits as low as possible for mutual benefit.

However we depend on your support. Please fill in the questionnaire and indicate questions which are not applicable with NA.

| A) Company Information   |   |
|--|---|
| Company Name   |   |
| Street and house number  |   |
| Zip and City   |   |
| SRN (Single Registration number) from EUDAMED, if applicable                         |   |
| Name, Quality Management Representative<br>Phone<br>Fax<br>Email                     |   |
| Founding year  |   |
| Average Number of Employees at this site during the last 3 years:                    | Year #<br>Year #<br>Year #  |
| Thereof how many Employees work actually in the production and the quality assurance | Production #<br>Quality Assurance #<br><br>Please supply a current copy of Organizational chart |
| Average Sales Volume for last 3 year   | Year #<br>Year #<br>Year #  |

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| B) Scope Manufacturing and Services  |   |
|--|---|
| <input type="checkbox"/> Turning / Milling part<br><input type="checkbox"/> Welding / molding / bonding<br><input type="checkbox"/> Electrical Assembly<br><input type="checkbox"/> Mechanical Assembly<br><input type="checkbox"/> Painting<br><input type="checkbox"/> Boards Assembly<br><input type="checkbox"/> Contract Development Electrical<br><input type="checkbox"/> Contract Development Mechanical<br><input type="checkbox"/> Contract Development Optics<br><input type="checkbox"/> Service Provider of :<br><input type="checkbox"/> etc. – please specify : |   |
| C) QMS Part 1  |   |
| Is your Quality Management System certified by an external party?  | <input type="checkbox"/> Yes    If <b>"Yes"</b> , please indicate the relevant certificate and skip Part D):<br><br><input type="checkbox"/> (EN) ISO 13485:2012<br><input type="checkbox"/> (EN) ISO 13485:2016<br><input type="checkbox"/> (EN) ISO 9001:2008<br><input type="checkbox"/> (EN) ISO 9001:2015<br><input type="checkbox"/> other standard (please specify) :<br><br>Please provide a copy of Certificate.<br><br><input type="checkbox"/> No    If <b>"No"</b> , please answer additionally "D) QMS Part 2" |
| If Dornier MedTech wants to conduct an audit, How much lead time do you need for planning?   |   |
| Are any process steps / services subcontracted? If Yes, please list the provided in detail   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are there any Quality Agreements with the subcontractors?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Not applicable   |

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|   |  |
|---|--|
| How long is the documentation of production, trading and quality system stored?   |  |
| How is the documentation done, paper based or electronical?   | <input type="checkbox"/> paper based<br><input type="checkbox"/> electronical<br>Remarks:  |
| Are the products checked and released prior to sale?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable  |
| Are the delivered products labeled with name, material number, lot and manufacturing date?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable<br>Remarks:  |
| Is the traceability given<br>a) from the product to the source of material or manufacturer<br>b) from the product to the customers? | a) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable<br>b) <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |
| Are the customers informed about changes to the product in advance?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are the customers informed about deficiencies which are detected after the sale?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable  |
| Does the QM-department investigate and resolve quality complaints   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Is there a process for corrective and preventive actions (CAPA) or a continuous improvement process (CIP) installed?                | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are periodic self-inspections or management reviews be performed?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**D) QMS Part 2 (edit only if you answered C) QMS Part 1 Question 1 with "No")**

|   |   |
|---|---|
| Does your company plan to be certified according to one of the mentioned standards? Please indicate the standard. | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> (EN) ISO 13485:2016<br><input type="checkbox"/> (EN) ISO 9001:2015<br><input type="checkbox"/> other standard (please specify) |
|   | When do you plan the certification?<br>Remarks:   |

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|   |  |
|---|--|
| Is your Quality Management System documented by a Quality Manual and/or written procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Remarks:<br><br>Please provide a list of procedures: |
| Has your Quality Management System already been audited by other companies?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are staff trainings performed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Is there any system for staff training?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Is there any access control to critical premises, documents and data?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are the processes executed documented?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

## E) Environmental Compliance

|   |   |
|---|---|
| Has your company/site implemented a system for monitoring regulated substances in your products?                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |
| Does your company comply with the DIN EN IEC 63000 or DIN EN 50581?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |
| Does your company perform risk assessments or chemical tests for bought-in semi-finished products or materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |
| Does your company have a Material-Compliance or Product Compliance Officer position?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |

Are you complying with the Directives/Standards/Acts below

| Directives/Standards/Acts                        | Awareness                |                          | Applicable to your products/Processes |                          | Do you comply with these? |                          | Can you provide a Certificate of conformity? |                          |
|--|--------------------------|--------------------------|---------------------------------------|--------------------------|---------------------------|--------------------------|--|--------------------------|
|  | Yes                      | No                       | Yes                                   | No                       | Yes                       | No                       | Yes  | No                       |
| ISO 14001  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |
| RoHS 2 2011/65/EU                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |
| WEEE 2012/19/EU                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |
| REACH EC 1907/2006                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |
| Packaging and Packaging waste Directive 94/62/EC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/> |

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| F) CE marking  |   |        |
|--|---|--------|
| Are your products CE marked?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |        |
| If yes, under which directive  |   |        |
| If yes, provide CE marking certificate   |   |        |
| G) References – please fill if providing service   |   |        |
| Does your company work for other medical device or pharma customers?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |
| Does your company work for other regulated industries like aerospace, defence industry, nuclear power? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |
| Please provide 3 customer references   |   |        |
| Company Name   | Location  | Sector |
|  |   |        |
|  |   |        |
|  |   |        |

| H) Name, Date, Signature |  |
|--------------------------|--|
| Name                     |  |
| Position                 |  |
| Date                     |  |
| Signature                |  |

*Thank you for your support!*