

Company's Name:		Registered address:		Administrative office address:	
Telephone:	Fax:	E-mail:	Web site:	Company operating on the market since:	
Principal (Legal Representative):		Managing Director:		General Manager:	
Commercial Manager:		Manager Administration:		Product Manager:	
				Quality Assurance Manager:	
				Technical Manager:	

Description of products that may be supplied to Autoclimate:

IMPORTANT NOTE	The companies manufacturing their own products (MANUFACTURERS) shall fill in sections A - B - C - D - E - F1 - G - H Companies TRADING the products shall fill in sections A - B - E - F2 - H
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A - Quality Management System

A1 Does the Company run a Quality management System? YES NO Reference norm:

A2 If the answer is yes: has the Quality management System been certified by a THIRD BODY? YES NO If yes, which one:

A3 In case the answer to question A2 is yes: ATTACH THE COPY OF THE CERTIFICATE AND FILL IN TABLE "B" ONLY

B - Commercial and organisational aspects

B1 TOTAL Workforce Workers Employees/Managers

B2 Turnover in Thousand EURO Last financial year closed: Year n - 1 Year n - 2

B3 Name three key Customers:

B4 Does the Company own a warehouse for the quick execution of the orders? YES NO

C - Designing

C1 Are there any procedures for project development, planning, control, and verification? YES NO

C2 Are the product base data and requisites defined and documented? YES NO Partially

C3 Is there any assurance that the technical documentation is updated to the last engineering change exponent? YES NO

C4 Are the project engineering changes managed and documented? YES NO Partially

C5 Is there any assurance about the identification of basic specifications concerning safety and/or the compulsory normative law? YES NO

C6 Is there any assurance about the identification of basic specifications concerning the project functionality and reliability? YES NO

D - Procurement

D1 Are the technical requisites relating to procurement defined? YES NO

D2 Is there any internal norm for the suppliers assessment and qualification? YES NO

D3 Is there any updated and documented list of the accepted and qualified suppliers? YES NO

D4 Is there any procedure for sampling and preproduction? YES NO

D5 Is there any measurement system of the suppliers quality trend? YES NO

D6 Is it ensured that any low quality complaint are notified to the suppliers? YES NO

Company's name:

DATE

E - Goods receipts and initial Warehouse

- E1 Are there any controls upon receipt of the ordered goods? YES NO
- E2 Are the ordered materials always identified? YES NO
- E3 Is there any managers in charge of the receipts control? YES NO
- E4 Are the warehouse areas clearly identified and the accesses controlled (authorised personnel only)? YES NO

F1 - Production (Manufacturers only)

- F1.1 Is there any list of the main equipment used ready available? YES NO
- F1.2 In the affirmative, if possible, attach the list - Is the list attached? YES NO
- F1.3 Is maintenance regularly performed? YES NO Is there any log? YES NO
- F1.4 Are there any controls during production? YES NO Is there any log? YES NO
- F1.5 Are FINAL controls performed before the product shipment? YES NO Is there any log? YES NO
- F1.6 Can the Company, upon request, give evidence of the "Quality" controls performed or documented? YES NO
- State the type of document that may be supplied: Conformity declaration Materials certificate of analysis Testing report
- "CE" Marking Own products safety cards Others (specify):
- F1.7 Is the work progress available (written programs) upon Customer's request? YES NO

F2 - Products trading (Trading Companies only)

- F2.1 Does the Company regularly issues OWN Catalogues and Price Lists? YES NO
- F2.2 Is the Company able to supply, upon request, Catalogues and price lists of the Companies represented? YES NO
- F2.3 Has the Company got any sales network? YES NO Number of the Agents :
- F2.4 Are FINAL controls performed before the product shipment? YES NO Is there any log? YES NO
- F2.5 Can the Company supply, upon request, the "Quality" documentation concerning the traded products? YES NO
- State the documents that may be supplied: "CE" marking Conformity declaration Materials certificate of analysis
- Testing report Safety cards of the traded products Others (specify):

G - Gauging and control equipment

- G1 Does the Company manage the gauging equipment in a controlled manner? YES NO
- G2 Is there any list of the gauging tools used in the various stages? YES NO
- G3 Do the tools regularly undergo the metrology confirmation? YES NO Are the results recorded? YES NO

Company's name	DATE
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H - Measurement of the Quality and improvement Management System

H1 Does the Company manage the Non-conformity in a controlled way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H2 Is there a manager in charge for the solution of the non-conformity problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H3 As for serious or repetitive non-conformity problems, are there performed any adequate remedial action	YES <input type="checkbox"/>	NO <input type="checkbox"/>
H4 Is there any regular verification of the implementation and effectiveness of the defined remedial actions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
H5 Is the customer's complaints record managed and kept working?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H6 Is there any regular Customer's Satisfaction survey?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
H7 Has the Company defined and collected regular surveys about the company's trend Indicators?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Specify _____	Average time to execute orders	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
the indicators _____	Average delay in executing the order	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
utilised _____	Number of non-conformity in receipts	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
	Number of production non-conformity	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
	Number of Customers' complaints	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
	Number of certified supplier used	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
	Indicator relatinf to Customer's satisfaction	YES <input type="checkbox"/> NO <input type="checkbox"/> State the target for the current year
Others - specify _____		State the target for the current year
Others - specify _____		State the target for the current year
H8 Does the Company regularly issue any improvement plan based upon the identified indexes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Date	Manager in charge (Stamp and signature)
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