



Carl Zeiss Optronics GmbH

Carl Zeiss Optronics GmbH 73446 Oberkochen

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73447 Oberkochen
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Telefax: 0 73 64 20- 4497
E-Mail: r.jaumann@zeiss.de
Ihre Zeichen:
Ihre Nachricht:
Unsere Zeichen: Q/Jaumann
Datum:

Division/Dept.: Quality Management
Contact: Rolf Jaumann

Questionnaire

Ladies and Gentlemen,

Our management system requires us to cooperate exclusively with approved companies. Approval is based on the proven quality capability as a supplier and on a vendor self-assessment provided to us by the potential supplier for evaluation.

We aim to enter into a trusting customer/supplier partnership with your company and would therefore ask you to complete the attached self-assessment questionnaire and to return it to the address indicated on the form sheet.

In view of our future cooperation, we would also like to refer you to the documents made available on our website www.zeiss.com/optronics.

- Sample Request for Deviation Waiver
- Correction Report
- Sample Quality Inspection Certificate.

Correct and complete processing and transmission of these documents are of vital importance for flawless traceability in our business.

We will familiarize you with the use of these form sheets within the scope of the supplier approval process and the handling of the first orders.

Yours sincerely,

Carl Zeiss Optronics GmbH
Director Quality Management

Signed: Rolf Jaumann

Headquarters:
73446 Oberkochen, Germany
Phone: +49 73 64 20 – 0
Fax: +49 73 64 20 – 36 97
Internet: www.zeiss.com/optronics

Deutsche Bank AG Heidenheim
Account 2 050 060 (Bank code 613 700 86)
S.W.I.F.T.-address: DEUT DE SS 614
IBAN-No. DE06613700860205006000
Commercial Register: Ulm, HRB 500995
VAT No. DE 81 1880438

CEO:
Dr. Armin Breinig



Carl Zeiss Optronics GmbH

Questionnaire

Please return the completed questionnaire to the adjacent address by fax, e-mail or letter.	Carl Zeiss Optronics GmbH Carl Zeiss Gruppe Quality Management / Rolf Jaumann Carl Zeiss Straße 22 73447 Oberkochen Tel.: +49 (0) 73 64/20-4875 / Fax: +49 (0) 73 64/20-4497
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The data stated in this questionnaire will be used for the assesment and approval of the supplier.

Company name			
Group			
Street/P.O. box		Postal code / Location	
Country		Phone/Fax	

Correspondent	Name	Phone	Fax	E-Mail
General Management				
Head of the Personnel department				
Distribution/Sales				
Purchasing department				
Production				
Development/Design				
Quality Management				

General data related to the company		NATO supplier code:
Headcount total:	Sales total:	
Headcount Distribution/Sales:	Sales share:	
Headcount Development/Design:	- Project/detail production	
Headcount Production:	- Small and medium series production	
Headcount Quality management:	- Mass production	
Date of foundation:	Consolidated works:	

Reference customers	
Product portfolio	
Special know-how, particular facilities/ equipment	

Commercial data/Bank details		
Bank:	Bank code:	Account:
Have you taken out product-liability insurance?	Yes:	No:



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Quality Management			
Do you maintain a certified quality management system?	Yes:	No:	
If so, what standard does this quality management system conform to? E.g. DIN EN ISO 9001:2000 / DIN EN 9100 / QSF A, B, C, D / AQAP 2110, 2120, 2130, 2131, 150 / others Please enclose the relevant corresponde(s).	Term of validity of the certificate:		
Do you have a quality manual?	Yes:	No:	
Have you already been audited by a sector of Carl Zeiss Group?	Yes:	No:	
If so, by which sector? Please state the year the audit was performed, the number of the audit report and the person responsible for the audit.			
Who is the correspondent for: - The quality management system - Environmental management - Industrial safety management			
If an order is placed:			
Is the company prepared to accept the following conditions if an order is placed with it?	Yes:	No:	Remarks
<ul style="list-style-type: none"> To sign an agreement defining the actions to be taken with respect to quality assurance (for instance Quality Assurance Agreement ZVEI). 			
<ul style="list-style-type: none"> To submit documents for inspection, which demonstrate the efficiency of the quality management system on the occasion of a supplier's audit. 			
<ul style="list-style-type: none"> To grant access to the production facilities to an employee of Carl Zeiss Optronics GmbH. 			
<ul style="list-style-type: none"> To grant access to the production facilities to official authorities/the customer of Carl Zeiss Optronics GmbH. 			
Are the following capacities ensured:	Yes:	No:	Remarks
<ul style="list-style-type: none"> Statistical process monitoring capability (machine ability, process ability) 			
Other remarks			
Enclosures (if required)			



Carl Zeiss Optronics GmbH

Industrial Safety and Environmental Protection Management		
Have you installed an OHSM/EM system, e.g. as per		
OHSM: OHSAS 18001 or others?	Yes:	No:
EM: VO (EEC) 1836/93 o. 761/2001, DIN EN ISO 14001 or others?	Yes:	No:

**If validated or certified, please enclose a copy of the valid statement or certificate.
No further questions need to be answered.**

Not yet installed, but planned for 200-...

Have you installed another management system in your company that includes Occupational Health and Safety (OHS) and Environmental Protection (EP) ?	Yes:	No:
If yes, what?		
Are OHS/EP measures already audited in your company? - Internal audits - External audits	Yes: Yes :	No: No:
Are - production processes - supply and disposal processes - products regularly checked for their impact on occupational health and safety and the environment?	Yes: Yes: Yes:	No: No: No:
Are OHS/EP aspects an integral part of your product and service design?	Yes:	No:
Does your company base its OHS/EP measures on written directives?	Yes:	No:
Are OHS/EP measures and results in your company documented in writing?	Yes:	No:
Have you defined goals for improving OHS and EP in your company and do you document their implementation?	Yes:	No:
Do you employees receive regular information and training on the subject of OHS/EP?	Yes:	No:
Are you working with your suppliers and contractual partners toward an improvement of OHS and EP?	Yes:	No:

Date: _____

Signature: Quality management representative

Company stamp

Please do not hesitate to contact our quality management (see return address on page 1) if you need further information with respect to this questionnaire.

Thank you very much for your cooperation!

The supplier is approved	Yes Person in charge of the approval Signature	No	Reason
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