

Supplier Assessment Form

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SUPPLIER:													
SUPPLY:	<input type="radio"/> Carpentry and Baseframes			Castings			Raw materials						
	<input type="radio"/> Operating mechanisms			Insulators			Electric motors						
	<input type="radio"/> Electrical components			Mechanical machining			Reduction gears						
	<input type="radio"/> _____												
CERTIFICATION UNI EN ISO 9001 QUALITY		Certified in			by			<input type="checkbox"/> Non Certified					
		<input type="radio"/> CSQ	<input type="radio"/> TUV	<input type="radio"/> RINA	<input type="radio"/> SGS	Other _____			Certification provided	<input type="radio"/> YES <input type="radio"/> NO	in _____		
CERTIFICATION UNI EN ISO 14001 ENVIRONMENT		Certified in			by			<input type="checkbox"/> Non Certified					
		<input type="radio"/> CSQ	<input type="radio"/> TUV	<input type="radio"/> RINA	<input type="radio"/> SGS	Other _____			Certification provided	<input type="radio"/> YES <input type="radio"/> NO	in _____		
CERTIFICATION OHSAS 18001 SAFETY		Certified in			by			<input type="checkbox"/> Non Certified					
		<input type="radio"/> CSQ	<input type="radio"/> TUV	<input type="radio"/> RINA	<input type="radio"/> SGS	Other _____			Certification provided	<input type="radio"/> YES <input type="radio"/> NO	in _____		
Address (Street, Square...)		No.			ZIP CODE		City/Town						
Province				Country									
Phone No.			Fax No.			Mobile phone No.							
E-mail address													
Legal form		<input type="radio"/> S.p.A.		<input type="radio"/> S.r.l.		<input type="radio"/> S.n.c.		<input type="radio"/> S.a.s.		<input type="radio"/> S.c.a.r.l.		<input type="radio"/> Other _____	
Industry sector					Year of foundation								
No. of employees					Tot		Skilled		Diploma		Graduation		Master
		Owners											
		Managers											
		Administrative staff											
		Technical staff											
Workers													
Contact person					Function								
Phone No.					Fax No.								
Mobile phone No.					E-mail address								

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Infrastructure					
Premises	Indoor surface	Outdoor surface	Total surface	Max. Lifting Weight	Max. Int. Dimensions
Describe the characteristics of the premises where your main mean(s) of production are located (please tick the closest to your condition)					
Age of premises	<input type="checkbox"/> < 5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 10-20 years	<input type="checkbox"/> > 20 years	
Storing areas	<input type="checkbox"/> Inside	<input type="checkbox"/> Mainly inside	<input type="checkbox"/> Partially inside	<input type="checkbox"/> Outside	
Production capacity					
Product			Yearly output		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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Purchasing

Which criteria do you follow when assessing and selecting your suppliers? Please tick the closest to your condition.

<input type="checkbox"/> Habit;	<input type="checkbox"/> Price;	<input type="checkbox"/> Delivery time;	<input type="checkbox"/> Submission of questionnaires and/or documented traditional criteria;	<input type="checkbox"/> The following criteria: outcome of test order, inspections/audits, collection of detailed information about the supplier, occasional employment of vendor rating techniques.	<input type="checkbox"/> Regular execution of inspections/audits, creation of partnerships, regular use of vendor rating techniques.
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Do you regularly subcontract machining processes/treatments/finishings?

<input type="checkbox"/> YES	Which ones?
<input type="checkbox"/> NO	

How do you purchase material? Please tick the closest to your condition.

<input type="checkbox"/> Verbal order;	<input type="checkbox"/> Written communication including important instructions (ex. standards and/or drawings);	<input type="checkbox"/> Purchase order (list of instructions required and attachments – ex. drawings);	<input type="checkbox"/> Purchase order (detailed procedure including technical standards and/or specifications), drawings, process requirements, inspection and testing instructions, etc.
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How important are the following factors when purchasing a product?

Factor	Very important	Important	Non very important	Irrelevant
Modes of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing-related documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Packing requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of receiving inspection and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Manufacturing of product (please attach the relevant procedure, if present)

When manufacturing a product, do you rely on technical documentation (ex. technical standards and specifications, UNI, ENEL, FS, etc.)? Please tick the closest to your condition.	<input type="checkbox"/> None;	<input type="checkbox"/> Technical standards/specifications not necessarily updated and kept by the staff involved;	<input type="checkbox"/> Technical standards/specifications kept in a dedicated archive which is regularly updated and accessible for all staff involved;	<input type="checkbox"/> Technical standards/specifications kept in a centralised archive managed by a responsible person in charge of updating it;
When manufacturing a product, do you rely on technical documentation/drawings? Please tick the closest to your condition.	<input type="checkbox"/> None;	<input type="checkbox"/> Technical standards/specifications not necessarily updated and kept by the staff involved;	<input type="checkbox"/> Technical standards/specifications kept in a dedicated archive which is regularly updated and accessible for all staff involved;	<input type="checkbox"/> Technical standards/specifications kept in a centralised archive managed by a responsible person in charge of updating and controlling it using special instruments such as dedicated softwares;

When planning the manufacturing of a product, which of the following criteria may apply to your condition?

<input type="checkbox"/> Verbal instructions according to needs;	<input type="checkbox"/> Partly formalised planning of machinings according to needs;	<input type="checkbox"/> Planning of machinings according to a procedure providing the manual formalisation of planning and checking to be executed regularly;	<input type="checkbox"/> Planning of machinings according to a detailed procedure providing the employment of advanced and automatic planning and checking systems (ex. special softwares);
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What are your means of production? Please attach a list.

Type	Quantity	Type	Quantity
<input type="checkbox"/> CNC machining centre		<input type="checkbox"/> TIG welding machines	
<input type="checkbox"/> Robot		<input type="checkbox"/> MIG welding machines	
<input type="checkbox"/> CNC lathes (Bar capacity < 70 mm)		<input type="checkbox"/> Forklifts	
<input type="checkbox"/> CNC lathes (Bar capacity > 70 mm)		<input type="checkbox"/> Hand metal punches	
<input type="checkbox"/> Parallel/Visualised lathes		<input type="checkbox"/> CNC punching machines	
<input type="checkbox"/> CNC milling machines		<input type="checkbox"/> Electro-discharge machines	
<input type="checkbox"/> Milling machines		<input type="checkbox"/> Surface grinding machines	
<input type="checkbox"/> Mechanical presses		<input type="checkbox"/> Cylindrical grinding machines	
<input type="checkbox"/> Cornice brakes		<input type="checkbox"/> Swing hoists	
<input type="checkbox"/> Hydraulic presses (up to 100 tons)		<input type="checkbox"/> Overhead travelling cranes (up to 10 tons)	
<input type="checkbox"/> Hydraulic presses (exceeding 100 tons)		<input type="checkbox"/> Overhead travelling cranes (exceeding 10 tons)	
<input type="checkbox"/> Burring machines		<input type="checkbox"/> Belt cutting machine	Cutting section _{max}
<input type="checkbox"/> Gear cutting machines		<input type="checkbox"/> Disc cutting machines	Cutting section _{max}
<input type="checkbox"/> Plasma cutting	Thickness _{max}	<input type="checkbox"/> Column drilling machines	Power _{max}
	Working surface		Morse taper _{max}
<input type="checkbox"/> Laser cutting	Thickness _{max}	<input type="checkbox"/> Radial drilling machines	Power _{max}
	Working surface		Morse taper _{max}
<input type="checkbox"/> Water cutting	Thickness _{max}		
	Working surface		

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Any other means of productions? Please attach a list.

Type	Quantity	Type	Quantity
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Which of the following characteristics may apply to your main means of productions? Please tick the closest to your condition and attach a list, if necessary.

Age of at least 50% of means of production	<input type="checkbox"/> < 5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 10-20 years	<input type="checkbox"/> > 20 years
	<input type="checkbox"/> At least 50% highly automated <small>(Highly automated means of production include CNC machines, automated lines, etc.)</small>	<input type="checkbox"/> At least 50% partly automated <small>(Partly automated means of production include semi-automatic machines)</small>	<input type="checkbox"/> > 50% manual	<input type="checkbox"/> 100% manual
Which of the following criteria do you follow when manufacturing a product?	<input type="checkbox"/> Verbal instructions according to needs;	<input type="checkbox"/> Partly formalised working instructions according to needs;	<input type="checkbox"/> Work cycles manually formalised and applied by operators;	<input type="checkbox"/> Work cycles codified through softwares for highly automated equipment;
If during the manufacturing of a product you realise that some of the instructions provided by COELME are incomplete, erroneous or ambiguous what will you do?	<input type="checkbox"/> Try to fill information gaps autonomously;	<input type="checkbox"/> Try to fill information gaps by speaking directly with COELME's Technical Department;	<input type="checkbox"/> Notify COELME verbally or in writing (in the most serious cases) about any inconvenience, deficiencies and/or misunderstandings;	<input type="checkbox"/> Notify COELME in writing about any inconvenience, deficiencies and/or misunderstandings; make proposals and call for instructions to carry on machining;
How do you usually check raw materials/general material upon reception?	<input type="checkbox"/> No checks;	<input type="checkbox"/> Naked-eye and quality checks; occasional collection of supplier's conformity/testing-related documentation;	<input type="checkbox"/> Checks on the most important material and relevant documentation adopting sampling methods in compliance with one of the standards (ex. UNI ISO 2859) or procedures; repetition of some checks, if necessary, and occasional notification of nonconformities;	<input type="checkbox"/> Checks on all material and relevant documentation adopting sampling methods in compliance with one of the standards (ex. UNI ISO 2859) or procedures; repetition of some checks, if necessary, and regular notification of nonconformities;
How do you check the material during machining/finishing?	<input type="checkbox"/> No checks;	<input type="checkbox"/> Non formalised checks	<input type="checkbox"/> Checks, inspections and testings as provided by standards/internal	<input type="checkbox"/> Automated systems for process control with report elaboration

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			procedures on all products adopting sampling methods formalised on internal documentation and occasional notification of nonconformities;	concerning the whole production with regular notification of nonconformities;
How do you usually check the material after machining/finishing?	<input type="checkbox"/> No checks;	<input type="checkbox"/> Check only upon customer's request – little documentation;	<input type="checkbox"/> Internal check on main products and sending for customer at receiving inspection and testing with occasional notification of nonconformities;	<input type="checkbox"/> Internal check on all products, sending for customer at receiving inspection and testing, issuing of faithful certification dossier according order provisions, ensuring material traceability and regular notification of nonconformities;

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Which measuring instruments do you normally use during production checks and final testing? Please attach a list.

Type	Quantity	Type	Quantity
<input type="checkbox"/> Resistive shunts		<input type="checkbox"/> Gauges	
<input type="checkbox"/> Multimeters		<input type="checkbox"/> Sliding gauges	
<input type="checkbox"/> Oscillographs		<input type="checkbox"/> Ring gauges	
<input type="checkbox"/> Dielectric strength testers		<input type="checkbox"/> Comparators	
<input type="checkbox"/> Current transformers		<input type="checkbox"/> Flexometers	
<input type="checkbox"/> Load cells		<input type="checkbox"/> Micrometers	
<input type="checkbox"/> Torque wrenches		<input type="checkbox"/> 3D-gauges	
<input type="checkbox"/> Dynamometers		<input type="checkbox"/> Radius-meters	
<input type="checkbox"/> Hardometers		<input type="checkbox"/> Profilometers	
<input type="checkbox"/> Standard masses		<input type="checkbox"/> Mercury thermometer	
<input type="checkbox"/> Torque meters		<input type="checkbox"/> Spirit thermometer	
<input type="checkbox"/> Bore gauges		<input type="checkbox"/> Digital thermometer	
<input type="checkbox"/> Gauge blocks			

Any other measuring instrument? Please specify and/or attach a list.

Type	Quantity	Type	Quantity
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

How do you check and make sure that inspection/testing equipment performs inspections/testing properly?

 No checks;

 Occasional maintenance and calibration of main inspection/testing equipment;

 Regular maintenance and calibration of all inspection/testing equipment and labelling for status identification;

 For all inspection/testing equipment, definition of uncertainty level required; regular maintenance and calibration of all inspection/testing equipment according to internal procedures, labelling for status identification.

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Environment									
Is there any active Environmental Management System?	<input type="checkbox"/> No, but all legal provisions on environment are complied with;	<input type="checkbox"/> The Environmental Management System is being implemented; all legal provisions on environment are complied with;	<input type="checkbox"/> The Environmental Management System has already been implemented; all legal provisions on environment are complied with; a plan for environmental improvement has been started;	<input type="checkbox"/> Yes, but it is not certified;					
Has an environmental analysis been performed?	<input type="checkbox"/> No;	<input type="checkbox"/> Yes;	<input type="checkbox"/> It will, within 12 months;	<input type="checkbox"/> It will, within 36 months;					
What do you think about environmental aspects and impact? Which of the following descriptions is the closest to your condition?	<input type="checkbox"/> Environmental aspects and the following impacts on the environment are known; on the basis of the above, improvement objectives are fixed;	<input type="checkbox"/> Environmental aspects and the following impacts on the environment are unknown, but the Company is considering possible improvement plans;	<input type="checkbox"/> Environmental aspects and the following impacts on the environment are unknown, but the Company is interested in possible improvement plans;	<input type="checkbox"/> Environmental aspects and the following impacts on the environment are unknown;					
When do you take into consideration your activity-related environmental aspects?	<input type="checkbox"/> Never;	<input type="checkbox"/> In the event of accidents/significant events from the point of view of the environment;	<input type="checkbox"/> An initial environmental analysis of the production site was carried out to regularise all environmental aspects; it was then regularly checked in time;	<input type="checkbox"/> An initial environmental analysis of the production site was carried out to put in evidence all environmental aspects involved; they were then regularly assessed in time;					
How do you keep under control environmental legal provisions linked to your activity?	<input type="checkbox"/> No action in this regard;	<input type="checkbox"/> Occasional actions with the support of external advisors;	<input type="checkbox"/> Actions in the event of significant changes in the operating structure;	<input type="checkbox"/> Actions taken regularly according to schedule and in the event of significant changes in the operating structure; a check on legal provisions applicable to site shall be performed by Company staff with the support of external advisors;					
Do you keep the exploitation of resources under control?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Si
	Water			Electrical power			Gas, Gasoil, ...		
How do you manage waste collection?	<input type="checkbox"/> No action;	<input type="checkbox"/> Selective waste collection in the event of significant amount of waste;	<input type="checkbox"/> Selective waste collection only for certain types of waste, according to instructions of local waste management and disposal companies;	<input type="checkbox"/> Always selective waste collection, according to the applicable European Waste Catalogue; regular checks on waste volumes accrued, waste disposal using authorised companies and checking of the fourth copy of the Identification Form.					
How do you manage effluent input/output (rivers and effluent channels) that you produce?	<input type="checkbox"/> No action;	<input type="checkbox"/> Checks only upon formal request;	<input type="checkbox"/> Actions taken only in the event of significant changes in the operating structure;	<input type="checkbox"/> Actions previously authorised by competent bodies; regular checks and filing of reports.					