

# Supplier Self-Assessment



| Supplier Information             |                      |                            |                     |
|----------------------------------|----------------------|----------------------------|---------------------|
| Supplier Name (Legal Entity)     |                      |                            |                     |
| Street & No.                     |                      |                            |                     |
| Postal Code                      |                      | City                       |                     |
| Phone Number                     |                      |                            |                     |
| VAT Identification Number        |                      | D-U-N-S Number             |                     |
| Trade Register Number            |                      | QR-IBAN*                   |                     |
| IBAN                             |                      | BIC                        |                     |
| <i>*optional for Switzerland</i> |                      |                            |                     |
|                                  | Turnover last FY (€) | Number of Production Sites | Number of Employees |
| Global                           |                      |                            |                     |
| Germany & Switzerland            |                      |                            |                     |
|                                  | 1                    | 2                          | 3                   |
| Name your 3 biggest customers*   |                      |                            |                     |
| Name your 3 biggest competitors* |                      |                            |                     |
| <i>*optional</i>                 |                      |                            |                     |

| Industry                            |  |
|-------------------------------------|--|
| Manufacturing (Industry, Handcraft) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Services                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commerce                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Contact Details    |      |        |              |
|--------------------|------|--------|--------------|
|                    | Name | E-mail | Phone Number |
| Main Contact       |      |        |              |
| Technical Contact  |      |        |              |
| Quality Management |      |        |              |
| Finance            |      |        |              |

| Quality Management   |                              |                             |
|--|------------------------------|-----------------------------|
| Does a quality management system exist?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the system checked at regular intervals?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there independent quality control?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does a quality handbook exist?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you regularly check the quality of products?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a flow chart with the essential steps?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are incoming goods inspections carried out?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are tests carried out before, during and after production? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any further final inspection?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How are the tests documented?                              |                              |                             |
| Are failed exams documented?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are internal audits conducted?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are findings documented and analysed?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are corrective actions implemented and audited?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a Continuous Improvement Process in place?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you able to identify the product at any time?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you regularly test the system (Traceability)?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Certifications & Corporate Social Responsibility

- ☐ ISO 9001    ☐ ISO 14001    ☐ ISO 45001    ☐ ISO 50001  
☐ BRCGS  
☐ FSC – Forest Stewardship Council  
☐ EMAS – Eco Management and Audit Scheme  
☐ EcoVadis (Please share rating via Ecovadis platform)

EcoVadis Rating (0 - 100):

- ☐ Further CSR Ratings  
☐ Further Certifications e.g. GFSI

→ Please also send us the certification by email

## Procurement

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Has the DS Smith Global Supplier Standard (GSS) been signed?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you agree to an audit by DS Smith?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do supplier evaluations take place?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is a Corporate Social Responsibility (CSR) Rating Tool implemented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are internal purchasing guidelines in place?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a Business Continuity Management Plan existing?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Name

Title

Date

X

We thank you for your efforts and look forward to working with you.

