

This form is a self-assessment of your management system. It is intended to be used in place of an initial on-site assessment of existing suppliers or potential suppliers. Please complete the form and return it within 10 days of receipt. An on-site supplier assessment may be conducted at a later date.

Supplier Name:		Date:		
Supplier Contact Person:				
Street, City, Postcode:		Are quality attachments Included with this survey?		
Telephone Number:		YES	NO	N/A
Fax Number:				
Supplier E-Mail:		Please list all attachment in this section (add as needed):		
Scope of products and/or services the supplier:		1.)		
		2.)		
		3.)		
		4.)		
		5.)		
		6.)		
		7.)		
		8.)		
Quality Manager: (If different from above)				

Insert your company's name or logo.

ISO 45001:2018

Off-site Supplier Self-Assessment

13.)	Are the standards used for calibration certified and traceable to national or international standards?			
14.)	Are all inspection devices identified as to its calibration status?			
15.)	Are assessments performed in the production area to check for broken or damaged equipment or tools?			
16.)	Are assessments performed to ensure equipment and tools are being used and stored properly?			
Training		YES	NO	N/A
1.)	Do you have an employee training program?			
2.)	Is your training program defined in procedure?			
3.)	Does your training program address certification training for those areas where certification is required?			
4.)	Do you have a training program for inspectors in inspection techniques?			
5.)	Do you have a training program for production personnel in manufacturing and service techniques?			
6.)	Do you have a mentoring program? If Yes, please e-mail or fax an uncontrolled copy of a Job Description?			
7.)	Are records maintained on personnel for showing progress in on-the-job training or mentoring?			
Health & Safety		YES	NO	N/A
1.)	Do you have a Safety Program in place at your facility?			
2.)	What is the frequency of your Safety Training / Safety Meetings? Weekly __ Monthly __ Quarterly __ Semi-annually __ Annually __ Other: _____			
3.)	Do you encourage your employees to participate and offer Safety concerns during meetings?			
4.)	Do you maintain employees Safety Training Records at your facility?			
5.)	Where required by law and other recognized standards, is PPE provided to your employees and their use of it enforced?			
6.)	Do you have Material Safety Data Sheets (MSDS) at your facility?			
7.)	Do your employees know where the MSDS are located and are they trained on how to use them?			

Insert your company's name or logo.

2.) Other supplier locations and location contacts: Location: _____
Location Contact: _____

3.) What other facilities do you supply product to?

Supplier Signature:		Title:	
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Print Name:	
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Internal Approval

Purchasing Department Review & Comments:

Health & Safety Department Review & Approval:	Supplier Approved to provide products or services?			
	Yes - unconditional		Yes - follow-up audit is required	
	No - explain			