FM **IE** 001 0**5**



To get a first impression of your company, please fill in the form and send to:

IMO GmbH & Co. KG Purchasing Imostraße 1, D-91350 Gremsdorf Fax: +49 (0)9193 6395-1127 E-Mail: lieferantenauskunft@imo.de

1. General Data / Com	pany Profile					
Name of Company:						
Street, No.:						
City:	ZIP-Code:					
Country:						
Telephone:	Fax-No.:					
E-Mail:	Homepage:					
Registration-Code:						
Place of Jurisdiction:						
D-U-N-S®-No.:						
Foundation (Year):						
Part of a Group?	Name:					
Subsidiaries?	Name(s):					
Production Company Trading Company Service Company						
Please give a brief descri	ption of your company's purpose and strategy:					
What are your main prod	ucts / services?					
Please give a brief descri	ption of your product's main contents (Dimensions, Materials etc.):					
Please give an overview of (Please add the list as se	of your production machines (Type, Brand, Age). perate appendix)					

FM IE 001 05



2. Commercial Data						
Turnover of past three	vears					
Year	Turnover [TEL	UR]		Turnover	with IMO [TEUR]	
Please name at least the Name of Customer	hree main refer	ence customers			% of Turnov	er
Traine or odstorner					70 01 1411101	
Do you have export expertise?		Yes	No			
Name of countries?						
3. Number of employee						
Year	Number of em	nployees			Shift model	
4. Name of contacts						
	Name			Ext.	E-Mail	
Top Management						
Head of Sales						
Head of Production						
Head of R&D						
Head of QM						
Head of Accounting						
/ Finances						
Head of Logistics						
Head of Purchasing						

FM **IE** 001 0**5**



5. Details of your Quality Management System						
Is your company certified to an established international standard? (Ple	ease provide co	ppies)				
ISO 9001	Yes	No	Planne	Planned until:		
ISO TS 16949, QS 9000, VDA	Yes	No	Planne	d until:		
Others:						
The Head of QM reports to?						
In case you are currently NOT certified to one of the standard	s mentioned a	above:				
Do you follow a written Quality Policy?				Yes No		
Do you use preventive QA-Methods, e.g. FMEA, SPC or else?				Yes No		
Are there regulations for the monitoring of your measuring tools?				Yes No		
Are there regulations for the steering and management of documents?				Yes No		
Are the responsibilities and authorities of the employees stipulated in w	Yes No					
Is there a planning and implementation of system for quality tests?	Yes No					
Are production data and testing results documented?				Yes No		
Are your employees acquainted with providing certificates according to	Yes No					
6. Environmental protection, Labor Safety and Code of Conduc	t					
Is your company certified to ISO 14001?	Yes	No	Planne	d until:		
Is your company certified to ISO 50001?	Yes No Planned until:					
Is your company certified to OHSAS 18001?	Yes	No	Planne	d until:		
Other certifications:						
Are Labor Safety and Labor protection part of your Management System	Yes No					
Does your company follow a written Code of Conduct?	Yes No					
Have you agreed on a Code of Conduct with your business partners?	Yes No					
In case you are currently NOT certified to one of the standard	s metioned al	bove:				
Does your company follow written Environmental Policy?				Yes No		
Does your company track targets for improvement of the environment?	Yes No					
Does your company follow a written Energy Management Policy?	Yes No					
Does your company track targets for improvement of the energy efficie	Yes No					

Does your company track targets for improvement of the energy efficiency?

FM **IE** 001 0**5**



7. Insurances						
Does your company have a product of liability insurance?						Vo
	If yes, max. amount of cov	erage in MEUI	R:		I	_
Do you have a public liability insurance?				Yes	1	Vo
	If yes, max. amount of cov	erage in MEUI	R:			
Do you have a business / production interruption insurance?					1	Vo
	If yes, max. amount of coverage in MEUR:				1	
Do you have a credit insurance?				Yes	I	No
	If yes, which insurance con	npany?				
8. Financial Self Assessment						
Could your company provide a financial self-assessment?				Yes		Vo
(Please add copy as separate appendix) If yes, which rating agency?						
Thank you!						
These questions were answered by:						
Place / Date:		Name / Signa	ature / Company Stamp / Departmen	nt / Function:		