

O'CONNOR'S ENGINEERING SDN. BHD. (Company No. 379824-P)		Form No.	Rev. No.	DCN No.	Page
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Dear Supplier,

In our efforts to provide quality products and services to our customers, we have put in place, processes to cover all aspects from designing, delivery, commissioning, testing up to stage of post sales services. As a supplier of products and/or services to us, your organisation therefore plays an important part in our endeavour to deliver best quality to our customers. We would be happy if you could assist us in our assessment of your organization to ascertain your ability/willingness to continue to give us your best services and products (and at reasonable prices) by filling up this form and to return it to us soon as possible.

Thank you

Suppliers, please tick off the appropriate box:	<input type="checkbox"/>	SUPPLIER	<input type="checkbox"/>	SUB-CONTRACTOR SERVICE
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1.	Name :
2.	Your terms :
3.	Items/services supplied :
4.	Is your organization ISO certified? Yes / No (please delete accordingly), If Yes, please insert which Standard _____ If No, is your organization planning for certification in the near future and when? Yes / No (please delete accordingly) Planned Date:
5.	Do you normally stock the items that we generally buy from you?
6.	What is the normal lead time for delivery of the items that we generally buy from you?
7.	Is there any, among the products that you manufacture and supply to us, that are required to comply to known standards? Yes / No (please delete accordingly), If Yes, please insert which Standard _____
8.	Can you briefly describe your organization's system of tracking orders received from customers to ensure prompt delivery?

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9.	<p>How does your organization handle return of goods because of:</p> <p>1) defects –</p> <p>2) sub-standard quality -</p> <p>3) rejection for late delivery –</p> <p>4) wrong items or quantity delivered –</p>
10.	<p>Who do we contact if there are doubts on defects/quality/quantity or timing of delivery?</p> <p>Name: _____ Contact number: _____</p>
11.	<p>Does your organization have a disaster recovery or flu pandemic plan?</p> <p>Yes/ No (please delete accordingly)</p>
12.	<p>Is there anything that you would like to suggest for improvement in the ordering and delivery of your products/services to us?</p>
13.	<p>Does your organization provide a safe and healthy environment to your staff and are you complying to the health and safety rules of DOSH while at work, in and outside your own work place?</p> <p>Yes/No (please delete accordingly)</p>
14.	<p>Is your organization required to comply to any other legal requirements with regards to safety at work and relevant to your industry?</p> <p>Yes/No (please delete accordingly) If Yes, please indicate that Act</p>

Supplier To Fill	Completed By:
Name	
Designation	
Date	
Signature	

For O'Connor's Use Only	Reviewed By:
Name	
Department	
Date	
Signature	