ISABELLENHÜTTE
Innovation by Tradition

Supplier Self-Assessment

Dear Sir or Madam,

This questionnaire is used for the assessment and preselection of vendors who are suppliers as well as for the preparation of quality management system audits. The information will remain confidential and will not be made available to third parties. Please answer all questions in English or German language and use additional sheets, if necessary. Unanswered questions negatively affect the preselection of the suppliers.

Company data

Company´s name	_____
Legal form / cash investment	_____
Ownership structure	_____
Trader register entered since	_____
Division (if applicable)	_____
Code	_____
Adress	_____
P.O. Box	_____
ZIP code, city, country	_____
Telephone number	_____
Telefax	_____
E-mail	_____
Homepage	_____
Responsible financial auditor	_____
Banking account	_____
VAT number	_____

Address of Associated Factories (Name, Location, ZIP Code)
_____

Affiliation to Industrial (Name, Location, ZIP Code)
_____

Contact Persons

	Name:	Phone:	E-Mail:
Managing director	_____	_____	_____
Information security	_____	_____	_____

Certificates

☐ ISO 27001   certified by _____ on _____   ☐ planned on _____

☐ TISAX®   certified by _____ on _____   ☐ planned on _____

Other:

☐ _____ certified by _____ on _____

☐ _____ certified by _____ on _____

Roles and responsibilities

☐ IT-security policy with information security objectives available

☐ IT-security organization with defined roles (ISO) and responsibilities available

Risk management

☐ Risk management system according to IT-security available

Training courses

The following training courses are provided:

☐ Information security

☐ Cyber security

Audits

☐ Carrying out regular internal and independent information security audits

Protection measures

The following protective measures are provided:

☐ Own protection requirements are considered when selecting IT service providers

☐ Protection against malware

☐ Firewall systems / security gateways

☐ Protective measures for mobile devices (e.g. laptops, smartphones, etc.)

☐ Access protection to buildings

☐ IT security zones

Business Continuity Management

☐ Emergency preparedness procedures in place

☐ Emergency management in place

Access Management

☐ Procedures and systems in place for assigning authorizations to IT systems and data

Monitoring

☐ Event logging

Other:

☐ _____

☐ _____

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Data security

We agree that the denoted information will be saved on data carriers at Isabellenhütte. We assure that the information will not be pass on to third person.

Please send us with the questionnaire copies of companies-organization-chart, available certificates as well as results of audits and your companies-brochure.

_____   _____   _____

Date / Place   Name / Position   Company stamp / Signature