1 General Information – Supplier:		
Company		
Address	Street	
	Postal code and City	
	Country	
	Phone	
	Fax	
Contact Person	Name	
	Function	
	Department	
	E-Mail	
Quality Management		
Quality Manager	Name	
	Phone	
	Fax	
	E-Mail	
The information relates to the product / product range as listed below.		
Product / product range:		
Production site / dispatch location:		

1 General Information				
1.1	**Did your company respond to a questionnaire of the K+S group re lated to the products named above before?**	☐	Yes	☐ No
	If yes: Please send enclosed a copy of that questionnaire.			
1.2	**Has your company been audited by a member of the K+S group for the products listed above?**	☐	Yes	☐ No
	If yes: Please send enclosed a copy of the audit report.			

1.3	**Has the quality system regarding the listed products been certified by an accredited body?**	☐	Yes	☐	No
	If yes: Please send enclosed a copy of the corresponding certificate.				
1.4	**Is your company part of another company or group?**	☐	Yes	☐	No
	If yes: Please refer the name of the company / group:				
1.5	**How many employees are working at your company?**				
1.6	**How many employees are working at the production site of the named products?** **In production:** **In quality assurance/quality control:**				
1.7	**Is the production site working in shifts?**	☐	Yes	☐	No
1.8	**Are you a supplier for other customers in the** ☐ **Pharmaceutical industry?** ☐ **Food industry?** ☐ **Feed industry?** ☐ **Cosmetics industry?**				
1.9	If yes: Please list references.				

2	**Purchasing**						
2.1	**Are the requirements for purchased materials (e.g. raw materials, preliminary products, intermediate products, packaging) documented?**	☐	Yes	☐	No	☐	n.a.
2.2	**Does your company have an incoming goods inspection program for purchased materials?**	☐	Yes	☐	No	☐	n.a.
2.3	**Does your company formally qualify its suppliers before initial consignment?**	☐	Yes	☐	No	☐	n.a.
2.4	**Does your company judge the efficiency of suppliers? (Knock out criterion for Pharmaceutical, Food, Feed and Cosmetic industries)**	☐	Yes	☐	No	☐	n.a.

3	**Production**						
3.1	**Where do your raw materials come from?** ☐ Own production ☐ Third-party-production						

3.2	Do materials have to be released by the quality control unit before use? (Knock out criterion for Pharmaceutical, Food, Feed and Cosmetic industries)	☐	Yes	☐	No	☐	n.a.
3.3	Are there written procedures for the process and organization of all manufacturing processes?	☐	Yes	☐	No	☐	n.a.
3.4	Are there documented product specifications? (Knock out criterion for Pharmaceutical, Food, Feed and Cosmetic industries)	☐	Yes	☐	No	☐	n.a.
3.5	Are there written procedures for the control of nonconforming products?	☐	Yes	☐	No	☐	n.a.
3.6	Are there written procedures for the release of manufactured goods?	☐	Yes	☐	No	☐	n.a.
3.7	Is there a system for identifying the status of goods (including product name, code, batch number)?	☐	Yes	☐	No	☐	n.a.
3.8	Is the usage of stopped materials or goods excluded on the basis of separate storage and/or using an appropriate electronic data processing?	☐	Yes	☐	No	☐	n.a.
3.9	Does your company have a calibration program for control and measuring devices (e.g. temperature, pressure, weight)?	☐	Yes	☐	No	☐	n.a.
3.10	Are there written procedures for the cleaning of manufacturing equipment?	☐	Yes	☐	No	☐	n.a.
3.11	Is there an access control system in place to prevent access of unauthorized persons to production and storage facilities?	☐	Yes	☐	No	☐	n.a.
3.12	Are there written hygiene instructions? (Knock out criterion for Pharmaceutical, Food, Feed and Cosmetic industries)	☐	Yes	☐	No	☐	n.a.
3.13	Is there a pest control program at production and storage facilities?	☐	Yes	☐	No	☐	n.a.

4	Quality Control						
4.1	Is the quality control (QC) department independent from other departments, particularly from the production department? (Knock out criterion for Pharmaceutical industries)	☐	Yes	☐	No	☐	n.a.
4.2	Are there written procedures for quality control of incoming materials and the end products which specifies the methods of control and acceptance criteria?	☐	Yes	☐	No	☐	n.a.
4.3	Does your company supply certificates of analysis with the quality control results?	☐	Yes	☐	No	☐	n.a.
4.4	Are test deviations recorded and analyzed?	☐	Yes	☐	No	☐	n.a.
4.5	Do you start a corrective and preventive action after products have failed the quality control tests, in order to prevent the problem from re-occurring?	☐	Yes	☐	No	☐	n.a.
4.6	Is there a calibration program for calibrating measuring devices used in QC?	☐	Yes	☐	No	☐	n.a.
4.7	Are calibration results recorded in writing?	☐	Yes	☐	No	☐	n.a.

4.8	**Are the products traceable to manufacturing methods and materials used? (Knock out criterion for Pharmaceutical, Food, Feed and Cosmetic industries)**	☐	Yes	☐	No	☐	n.a.

5	**QM - System**						
5.1	**Is your quality system based on ISO 9001?**	☐	Yes	☐	No	☐	n.a.
5.2	**Are company internal responsibilities documented in writing?**	☐	Yes	☐	No	☐	n.a.
5.3	**Is there a written Quality Policy?**	☐	Yes	☐	No	☐	n.a.
5.4	**Is there a Quality Management Manual with written operating procedures?**	☐	Yes	☐	No	☐	n.a.
5.5	**Are there written procedures for the control of documents?**	☐	Yes	☐	No	☐	n.a.
5.6	**Does your company regularly perform self-inspections (internal audits) to control the effectiveness of the QM-System?**	☐	Yes	☐	No	☐	n.a.
5.7	**Is there a regular, documented management review on the effectiveness of the QM system?**	☐	Yes	☐	No	☐	n.a.
5.8	**Is there a systematic follow up on actions resulting from audits and management reviews?**	☐	Yes	☐	No	☐	n.a.
5.9	**Is there a written definition of quality relevant data?**	☐	Yes	☐	No	☐	n.a.
5.10	**Does your company record quality relevant data?**	☐	Yes	☐	No	☐	n.a.
5.11	**Are there written procedures for the control of quality records?**	☐	Yes	☐	No	☐	n.a.
5.12	**Are there written procedures for the handling of records?**	☐	Yes	☐	No	☐	n.a.
5.13	**Has the organization determined the qualification and competence requirements for personnel to perform the tasks adequately ?**	☐	Yes	☐	No	☐	n.a.
5.14	**Do you regularly evaluate the need for training in order to fulfil these requirements, and then perform training accordingly?**	☐	Yes	☐	No	☐	n.a.
5.15	**Does your company maintain training records?**	☐	Yes	☐	No	☐	n.a.
5.16	**Will your company agree to a customer on site audit performed by K+S KALI GmbH? (Knock out criterion)**	☐	Yes	☐	No	☐	n.a.

n.a. = not applicable

* Procedure: Description of the operations to be carried out, the precautions to be taken and measures to be applied directly or indirectly related to the manufacture of a product.

Please use back for notes and additions.

Thank you very much for answering our questions.

		Name	
Date		Signature	

Änderungen: Spalte n.a. eingefügt. K.O.-Kriterien gekennzeichnet.

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