



**SUPPLIER
INFORMATION SURVEY**

I. GENERAL INFORMATION

Supplier Name		Telephone		Fax	
Address		E-mail		Web Page	
City		State	Country		Zip Code
<input type="checkbox"/> Public	<input type="checkbox"/> Private	Country incorporated in		Sales Contact Person:	
Owner/President		Date business formed		Annual Sales	
Total number of employees	Manufacturing	Management	Quality System	<input type="checkbox"/> ISO	<input type="checkbox"/> QS
				<input type="checkbox"/> TE	Other
Primary business			Markets served/top customers		
Customer Service Contact		Survey Completed By:		Date:	

Please attach the following documents with your reply

- Organizational Chart – employees
- Corporate Overview – companies (list joint ventures, partnerships, subsidiaries)
- Mission Statement
- Copy of ISO and/or QS and/or TUV certificate

Please indicate your business/industry classification:

- MANUFACTURER DISTRIBUTOR
 TRADING COMPANY BROKER
 SALES OFFICE SERVICE SUPPLIER

If applicable, please describe how you handle confidentiality and the intellectual property of your customers

List all relevant manufacturing locations and sales offices

II. FACILITIES

1) Facility Sq./Ft		
2) Do you own your buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Do you insure customer property/tooling at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Do you have a disaster recovery plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Do you have plans for expansions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

III. OPERATIONS

1) Do you operate a formal housekeeping plan (5S)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) List number of shifts and days of operation		
3) Are you unionized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) If yes, what union? Date of next contract expiration?		
5) What percent of capacity is currently being utilized?		
6) Do you measure inventory turns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

IV. QUALITY

1) How do you measure your quality performance? (ppm, %, etc)		
2) How do you measure on-time delivery? (customer request date, promise date, etc)		
3) Do you have lot traceability? Please comment below on system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) List primary inspection equipment		

Comments:

V. PROCESSES

1) Are you familiar with AIAG Production Part Approval Process (PPAP) for first article submission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Do you have UL, CSE, PED, contacts and/or certifications? Please comment below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Do you have a formal corrective action system? Name format (ie. 8D)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

VI. TECHNOLOGY

1) Describe your business planning system (ERP, MRP, etc). Name program.

2) Do you have CAD? Please list programs below and preferred drawing format.

Yes

No

3) Is your facility EDI capable?

Yes

No

4) Do you have video conference?

Yes

No

5) Do you bar code?

Yes

No

6) Do you have other strategic technological advantages? Please list below.

Yes

No

Comments:

VII. TOOLING

1) Do you have tool/die manufacturing capability?

If no, describe sub-contracting in comment field below

Yes

No

2) Do you have a formal tooling maintenance program?

Yes

No

3) Will you submit tool drawings for approval prior to build?

Yes

No

Comments:

VIII. MATERIALS

1) What is your average lead time for customer orders?

2) What processes do you subcontract?

3) Do you have a formal supplier qualification program? Describe below.

Yes

No

4) Do you use pull replenishment systems? (visual, kanban)

Yes

No

5) Do you offer stocking programs to customers? Describe below

Yes

No

6) If non-U.S. company, do you ship CIF?

Yes

No

Comments:

IX. STATISTICAL PROCESS CONTROLS

1) Are Statistical Process Control techniques being used in the manufacturing/service process.

Yes

No

2) Do you currently perform process capability studies on new processes prior to the release to manufacturing?

Yes

No

3) Do you use 6 sigma methodologies? Please describe below

Yes

No

Comments:

X. FINANCIAL

1) Will you quote via open costing models?

Yes

No

2) Will you supply financial records/references?

Yes

No

Comments:

