



# Supplier Evaluation Questionnaire

Bringing Safety to People™

## **Company Background**

Supplier Name: \_\_\_\_\_

Plant Location: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Square Footage of Plant: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Internet Address: <http://www.> \_\_\_\_\_

***Please list management personnel:*** (CSR Contact, Eng. Contact, etc.)

Name	Title	E-mail Address

Total number of personnel at this facility, including supporting functions: \_\_\_\_\_

### ***Personnel breakdown:***

Number of employees in production functions	Salaried	_____	Hourly	_____
Number of QA employees	Salaried	_____	Hourly	_____
Number of Engineering employees	Salaried	_____	Hourly	_____

Specify Union Affiliation: \_\_\_\_\_ Local Number: \_\_\_\_\_

Contract Expiration, if applicable (dd/mm/yy): \_\_\_\_\_

### ***Is your company:***

☐ Public Corp.    ☐ Private Corp.    ☐ Partnership    ☐ Sole Proprietorship

Is your company a division or subsidiary of another company?    ☐ Yes    ☐ No

If yes, what is the name of the Parent Company: \_\_\_\_\_

### ***Please two major customers as references:***

Customer	Contact Name	Contact Phone Number

How long has your company been in business? \_\_\_\_\_

# Supplier Evaluation Questionnaire

## Purchasing & Scheduling Background

What are your principal products and/or services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Products, operations, and processes you sub-contract: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Products and raw material purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the type of production processes used in your operation (stamping, molding, weaving, machining, grinding, forging, heat-treating, welding, plating, painting, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the industries you service as a percentage of total sales:

Industry	% Total Sales

Do you measure your on-time delivery performance? ☐ Yes ☐ No

If yes, what is your average delivery performance? \_\_\_\_\_

Do you currently have Just-In-Time delivery agreements with IMMI? ☐ Yes ☐ No

If yes, describe agreement: \_\_\_\_\_

\_\_\_\_\_

Is there a plant Traffic Department: ☐ Yes ☐ No

Are you currently required to operate under any governmental or trade specifications (SAE, ASME, EPA, ASTM, etc)? Please explain: \_\_\_\_\_

\_\_\_\_\_

# Supplier Evaluation Questionnaire

## Engineering Background

Does your company use a CAD/CAM Drafting System? ☐ Yes ☐ No

If yes, what system is used? \_\_\_\_\_

Are obsolete drawings and blueprints purged from system? ☐ Yes ☐ No

Do you fully understand and can comply with all IMMI specifications identified on the individual IMMI part drawings? ☐ Yes ☐ No ***If no, please write a detailed explanation below.***

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# Supplier Evaluation Questionnaire

## Quality Assurance Background

List the type of inspection and laboratory facilities used in your operation: \_\_\_\_\_

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Do you currently use gages to inspect IMMI parts? ☐ Yes ☐ No If yes, please list them below:

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Do you use outside labs? ☐ Yes ☐ No If so, please list them: \_\_\_\_\_

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List tests regularly performed on IMMI products: \_\_\_\_\_

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Do you fully understand and comply with IMMI's ISIR / PPAP sample requirements?

☐ Yes ☐ No

Please list your quality system testing equipment: \_\_\_\_\_

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What internal quality indicators are tracked and reviewed by top management (scrap, rework, customer returns, cost of quality, etc.): \_\_\_\_\_

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Is it done monthly, quarterly or yearly? \_\_\_\_\_

Do you perform and document routine audits of your quality system? ☐ Yes ☐ No

If yes, how often? \_\_\_\_\_

# Supplier Evaluation Questionnaire

## Quality Assurance Background (continued)

### Statistical Process Control (SPC) Information

Do you use Control Plans to control and monitor processes? ☐ Yes ☐ No

Are machine and process capability studies used? ☐ Yes ☐ No

What  $C_{pk}$  target do you require on process capability and how are  $C_{pk}$  characteristics monitored? \_\_\_\_\_

Identify specific processes that will be or are currently under SPC control on IMMI products:

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What percentage of IMMI parts are under SPC? \_\_\_\_\_%

### Identify part numbers and related operations and / or processes:

Part numbers	Related Operation and/or Process

If SPC is not used, explain your plans for SPC in the near future and related time frame: \_\_\_\_\_

Do you require your suppliers to use SPC? ☐ Yes ☐ No

If yes, what is the target  $C_{pk}$ ? \_\_\_\_\_

List the ongoing statistical methods used in your facility: \_\_\_\_\_

Do your employees receive statistical training? ☐ Yes ☐ No

### Please list the employees involved and the hours per topic

<u>Employees</u>	<u>Hours Per Topic</u>

# Supplier Evaluation Questionnaire

Do you have a formalized supplier surveillance program? ☐ Yes ☐ No

Does your company have a written quality manual? ☐ Yes ☐ No

If yes, please submit a copy with this questionnaire and answer indicate the page numbers for the following sections:

Section	Page Number(s)
Management Responsibility	
Quality System	
Contract Review	
Design Control	
Document and Data Control	
Purchasing	
Control of Customer Supplied Product	
Product Identification and Traceability	
Process Control	
Inspection and Testing	
Inspection, Measuring & Test Equipment	
Inspection and test Status	
Control of Nonconforming Product	
Corrective and Preventive Action	
Handling, Storage, Packaging, Preservation & Delivery	
Control of Quality Records	
Internal Quality Audits	
Training	
Servicing	
Statistical Techniques	
Customer Specific Requirements	

# Supplier Evaluation Questionnaire

## Quality Assurance Background (continued)

To whom does the Quality Department report directly to? \_\_\_\_\_

Is the same Quality Assurance Program used for all customers? ☐ Yes ☐ No

If No, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your position on ISO-9000 / QS9000? \_\_\_\_\_  
\_\_\_\_\_

*If registered, please enclose a copy of your certificate.*

## IMMI Specific Information

List the IMMI part numbers currently produced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your company's annual sales revenue: \_\_\_\_\_

What percentage of your sales revenue was with IMMI? \_\_\_\_\_

What are the average inventory levels that your company maintains for IMMI?

Raw material \_\_\_\_\_

Work in process \_\_\_\_\_

Finished goods \_\_\_\_\_

***Please list your IMMI contact people:***

Engineering	
Quality Assurance	
Purchasing	

Would you permit a survey of your plant by authorized IMMI personnel? ☐ Yes ☐ No

***This questionnaire was completed by:***

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_