



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

Quality Assurance Background

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

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

Do you use outside labs? Yes No If so, please list them: _____

List tests regularly performed on IMMI products: _____

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

Yes No

Please list your quality system testing equipment: _____

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

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:

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 _____