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| **SUPPLIER INFO** | |
| Supplier: | Click here to enter text. |
| Supplier Main Contact Name: | Click here to enter text. |
| Supplier Main Contact Email: | Click here to enter text. |
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| **COMPANY OVERVIEW** | |
| CEO / President / Owner Name: | Click here to enter text. |
| CEO / President / Owner Email: | Click here to enter text. |
| CEO / President / Owner Language Spoken: | Click here to enter text. |
| COO / VP / General Manager Name: | Click here to enter text. |
| COO / VP / General Manager Email: | Click here to enter text. |
| COO / VP / General Manager Language Spoken: | Click here to enter text. |
| Engineering Manager Name: | Click here to enter text. |
| Engineering Manager Email: | Click here to enter text. |
| Engineering Manager Language Spoken: | Click here to enter text. |
| Quality Manger Name: | Click here to enter text. |
| Email: | Click here to enter text. |
| Language Spoken: | Click here to enter text. |

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| **FACILITY INFORMATION** | |
| Corporate Address: | Click here to enter text. |
| Number of Facilities: | Click here to enter text. |
| Main Facility Address: | Click here to enter text. |
| Main Facility Size: | Click here to enter text. |
| Main Facility Hours: | Click here to enter text. |
| No of Employees: | Click here to enter text. |
| On Site Employee Housing?: | Click here to enter text. |
| List certifications (ISO 9001, IATF 16946, etc)  and attach. | Click here to enter text. |

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| **FINANCIAL / LIABILITY** | |
| Annual Sales: | Click here to enter text. |
| Product Liability Insurance Value: | Click here to enter text. |
| Name of Insurer: | Click here to enter text. |

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| **ASSESSMENT** | |
| Supplier Self-Assessment:  SPC On Site Assessment: | |
| Assessment Completed by: | Click here to enter text. |
| Date Assessment Completed: | Click here to enter text. |
| Product Type or Family vendor is qualifying for? | Click here to enter text. |
| Comments: | Click here to enter text. |
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| **SPC USE ONLY** | |
| Supplier Approved:   Supplier Approved with Restrictions:  Supplier Not Approved: | |
| List Restrictions: | Click here to enter text. |
| **Purchasing Approval:** | Click here to enter text. |
| **Quality Approval:** | Click here to enter text. |
| **COO Approval:** | Click here to enter text. |

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| **NOTE:**  Please place the answers to questions in the comments field  **OBJECTIVE EVIDENCE:**  Examples include but are not limited to Documents, screen shots, or text from Policy, Procedure, etc. Objective Evidence may be attached to this form or supplied via email. SPC may request objective evidence when not required for clarification of answers. | | | | | | |
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| **QUESTIONS** | | | | | | |
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| **FACILITY** | | **YES** | **NO** | **OBJECTIVE EVIDENCE REQUIRED?** | **OBJECTIVE EVIDENCE ATTACHED?** | **COMMENTS** |
| **1** | List the square footage by area, e.g., production, warehouse, office. |  |  | NO |  | Click here to enter text. |
| **2** | List the current floor space utilization (percentage). |  |  | NO |  | Click here to enter text. |
| **3** | Does this facility build tooling in house? If not, what percentage of tooling is produced in house? |  |  | NO |  | Click here to enter text. |
| **4** | Does this facility refurbish tools in house? |  |  | NO |  | Click here to enter text. |
| **5** | List the employee turnover rate for the past two years in Comments. |  |  | NO |  | Click here to enter text. |
| **6** | Is the facility unionized? |  |  | NO |  | Click here to enter text. |
| **7** | List the facility’s language capabilities. |  |  | NO |  | Click here to enter text. |
| **8** | Does the company have an Organizational chart? If yes, please provide |  |  | YES |  | Click here to enter text. |

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| **COMPANY PROFILE** | | **YES** | **NO** | **OBJECTIVE EVIDENCE REQUIRED?** | **OBJECTIVE EVIDENCE ATTACHED?** | **COMMENTS** |
| **1** | How long has the facility been in the business they are quoting? |  |  | NO |  | Click here to enter text. |
| **2** | What products or services does the facility manufacture? |  |  | NO |  | Click here to enter text. |
| **3** | Specify other manufacturing location(s) available for the type of product. If necessary, provide a list of sub-contractors used on a separate form |  |  | NO |  | Click here to enter text. |
| **4** | Is the company publicly owned? If not, list the owner(s). |  |  | NO |  | Click here to enter text. |
| **5** | Are there any pending litigations against the supplier/facility? If yes, explain. |  |  | NO |  | Click here to enter text. |
| **6** | Does the company anticipate a change in ownership in the next 3 years? If yes, please explain. |  |  | NO |  | Click here to enter text. |
| **7** | What is the supplier’s on-time delivery percentage for production and service parts for the past two years? |  |  | YES |  | Click here to enter text. |
| **8** | Does the supplier export product? If so, list the countries: |  |  | NO |  | Click here to enter text. |
| **9** | Does the supplier have a business resumption plan? |  |  | NO |  | Click here to enter text. |
| **10** | How does the supplier maintain continuity of supply / materials through extended periods of time off? (e.g. Chinese New Year). If yes, please explain. |  |  | YES |  | Click here to enter text. |
| **11** | Is there supplier shut down for any extended period of time during the year? If so please list. |  |  | YES |  | Click here to enter text. |
| **12** | What customers does the supplier currently work with? Please list. |  |  | NO |  | Click here to enter text. |
| **12** | May we contact any of the above listed customers? |  |  | NO |  | Click here to enter text. |
| **13** | What types of products are provided to the listed customers from the supplier? |  |  | NO |  | Click here to enter text. |
| **14** | Do customers provide score cards and if so, how are they evaluated? |  |  | YES |  | Click here to enter text. |

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| **LOGISTICS** | | **YES** | **NO** | **OBJECTIVE EVIDENCE REQUIRED?** | **OBJECTIVE EVIDENCE ATTACHED?** | **COMMENTS** |
| **1** | What are the different modes of transportation used to ship product? List current modes used, e.g., truck, rail, and boat. |  |  | NO |  | Click here to enter text. |
| **2** | Are current inventory quantities available for monthly review by our facility? If so, how? |  |  | NO |  | Click here to enter text. |
| **3** | What are the average days of finished product inventory on hand? |  |  | NO |  | Click here to enter text. |
| **4** | Does the facility use a pull system inventory management with FIFO? (first in first out) |  |  | YES |  | Click here to enter text. |
| **5** | How is inventory managed? |  |  | NO |  | Click here to enter text. |
| **6** | Does the supplier have internal packaging design capabilities? If yes please explain |  |  | NO |  | Click here to enter text. |
| **7** | Does the supplier have internal kitting capabilities? |  |  | NO |  | Click here to enter text. |

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| **MANUFACTURING** | | **YES** | **NO** | **OBJECTIVE EVIDENCE REQUIRED?** | **OBJECTIVE EVIDENCE ATTACHED?** | **COMMENTS** |
| **1** | Is all standard work, such as job instructions with appropriate and complete information, effectively implemented? |  |  | YES |  | Click here to enter text. |
| **2** | Are parts built to customer prints or internal prints? If internal, how is this managed? |  |  | YES |  | Click here to enter text. |
| **3** | Is there evidence of appropriate and adequate operator training? Provide an example of employee training. |  |  | YES |  | Click here to enter text. |
| **4** | Are resources available for material testing? If not internal, who is used externally? If internal, list equipment with example report. |  |  | YES |  | Click here to enter text. |
| **6** | Is the work place properly organized, e.g., 5S, lean, ergonomic? |  |  | NO |  | Click here to enter text. |
| **7** | Is personal safety equipment provided? Provide examples of how safety is communicated to staff through training and visual aids. |  |  | YES |  | Click here to enter text. |
| **8** | Are knowledgeable resources available to carry out machinery and equipment maintenance? Please provide the schedule of maintenance. |  |  | YES |  | Click here to enter text. |
| **9** | Are preventive maintenance processes in place for all machinery? Please provide a schedule |  |  | YES |  | Click here to enter text. |
| **10** | Are spare parts readily available to maintain the key machinery and equipment? What is the average machinery downtime? |  |  | NO |  | Click here to enter text. |
| **11** | Are there knowledgeable resources available to design tools and gauges in house? |  |  | NO |  | Click here to enter text. |
| **12** | Are there trained resources available for tools / gauges / molds fabrication? |  |  | NO |  | Click here to enter text. |
| **13** | Are there trained resources available to carry out tool / die / mold maintenance? |  |  | NO |  | Click here to enter text. |
| **14** | Does the supplier use effective corrosion protection for product as applicable? |  |  | NO |  | Click here to enter text. |
| **16** | Does the supplier select resources (employees) based on education, training, experience, and/or requirements? Please share a job description for any particular job. |  |  | YES |  | Click here to enter text. |

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| **QUALITY** | | **YES** | **NO** | **OBJECTIVE EVIDENCE REQUIRED?** | **OBJECTIVE EVIDENCE ATTACHED?** | **COMMENTS** |
| **1** | Does the supplier have adequate purchased product controls in place for sub-tier suppliers, e.g., assessment, metrics, terms and conditions? |  |  | YES |  | Click here to enter text. |
| **2** | Does the supplier have a process / system in place to ensure that all design requirements / engineering specifications are communicated to their staff and supply base? |  |  | YES |  | Click here to enter text. |
| **3** | Does the supplier have an effective change management process, including interface with suppliers? |  |  | NO |  | Click here to enter text. |
| **4** | Is non-conforming material adequately identified, segregated, and dis-positioned? Please provide how this is defined in your QMS. |  |  | YES |  | Click here to enter text. |
| **5** | Does the supplier have effective product traceability through sub-tier suppliers, including for PTCs (Purchasing Terms and Conditions)? To what extent (lot vs. part)? |  |  | NO |  | Click here to enter text. |
| **6** | Does the supplier utilize control plans and documented work instructions from product part acceptance? |  |  | NO |  | Click here to enter text. |
| **7** | Does the supplier demonstrate conformance to requirements specified or referenced in the Control Plan? |  |  | NO |  | Click here to enter text. |
| **8** | Does the supplier have the capability of retrieving current drawings/specifications for use on floor inspections? |  |  | NO |  | Click here to enter text. |
| **9** | Does the supplier have appropriate product verification activities from receiving through product realization and shipping, including material identification? |  |  | NO |  | Click here to enter text. |
| **11** | Are tools calibrated internally? If so please provide example. If not are resources available for calibration? Who does equipment calibrations? What certification do they hold? Provide a schedule. |  |  | YES |  | Click here to enter text. |
| **12** | Does the supplier effectively use statistical methods, addressing both variable and attribute data, as applicable, for process control? |  |  | NO |  | Click here to enter text. |
| **13** | How are customer requirements captured and flowed down throughout the company and sub-tiers? |  |  | NO |  | Click here to enter text. |
| **14** | Is the supplier third-party certified? If so, list any major non-conformances in the most recent third-party surveillance audit in Comments. |  |  | NO |  | Click here to enter text. |
| **15** | Does the supplier have an effective corrective action process? |  |  | YES |  | Click here to enter text. |

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| **TECHNOLOGY** | | **YES** | **NO** | **IS OBJECTIVE EVIDENCE REQUIRED?** | **IS OBJECTIVE EVIDENCE ATTACHED?** | **COMMENTS** |
| **1** | Does the supplier have CAD resources on site? List the programs used, e.g., Solidworks, Master CAM, Autocad, and version of software used |  |  | NO |  | Click here to enter text. |
| **2** | Does the supplier have an effective document control system, e.g., document revision status readily available? e.g. PDM |  |  | YES |  | Click here to enter text. |
| **3** | Can the supplier Submit 3D scans if required? |  |  | NO |  | Click here to enter text. |
| **4** | Is the supplier proficient in GD&T (Geometric Dimensioning and Tolerancing)? |  |  | YES |  | Click here to enter text. |