



SUPPLIER SELF-ASSESSMENT

Please complete this questionnaire and attach information as required. Completion of this document will allow us to place your Company on our "Approved Supplier List" or to update our current listing.

SECTION 1-GENERAL INFORMATION

Company Name: _____

Company Address _____

Company Phone # _____ Fax # _____

E-mail Address _____

Facility Address(if different than above) _____

Facility Phone # _____ Fax # _____

E-mail Address _____

Length of time in Business: _____

Number of Employees in:

Production	_____
Engineering	_____
Quality	_____
Materials	_____

Total Number of Employees: _____

Product Supplied: _____

Is facility Unionized? Yes No If yes, Union Affiliate: _____
Contract Date: _____



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SECTION 2-KEY CONTACTS

	Name	Phone #	EXT
Production	_____	_____	
Quality	_____	_____	
Engineering	_____	_____	
Materials	_____	_____	

After regular business hours contact:

	Name	Phone #
Production	_____	_____
Quality	_____	_____
Engineering	_____	_____
Materials	_____	_____

SECTION 3- CODES AND SPECIFICATIONS

List any Codes or Specifications you can meet:

Can you supply certifications to above Specifications? _____

Can you supply SPC data as shipment is scheduled to leave? YES NO



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SECTION 4-QUALITY ASSURANCE

	YES	NO
Do you have copies of QS9000/ISO TS16949 ?	_____	_____
Do you supply the automotive industry?		
Ford?	_____	_____
Chrysler?	_____	_____
GM?	_____	_____
Toyota?	_____	_____
BMW?	_____	_____
Mercedes?	_____	_____
Mazda?	_____	_____
Honda?	_____	_____
Have you assigned management responsibility for implementing QS9000/ISO TS16949 ?	_____	_____
Contact Name _____		
Title _____		
Phone Number _____		
Do you have ISO certification?		
9001?	_____	_____
9002?	_____	_____
9003?	_____	_____
If yes, please send copy of your certification		
If you do not have ISO certification:	_____	_____
Has a timing chart been developed for implementation	_____	_____
Completion Date: _____		
Current % completed: _____ %		
Does your facility have a laboratory?	_____	_____
Is Lab Certified?	_____	_____
If lab certified, By whom: _____		
Does your company have a written or documented Quality System?	_____	_____

NOTE: IF COMPANY IS NOT ISO9000/QS9000/ISO TS16949, PLEASE FURNISH AN UNCONTROLLED COPY OF YOUR QUALITY MANUAL

