

# Supplier Information Survey

## Company Data

Date Survey Complete \_\_\_/\_\_\_/\_\_\_

Parent Corporation Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Years in Business \_\_\_\_\_  
 Type of Business  Manufacture  Distributor  Rep  Other \_\_\_\_\_  
 Type of Ownership  Private  Public Commercial Reg. # \_\_\_\_\_  
 Union Organized  Yes  No If Yes - Contract Due Date \_\_\_\_\_  
 Any Schedule Shut Downs (Vactions/Holidays)  Yes  No If Yes Please List \_\_\_\_\_  
 Primary Products/Processes \_\_\_\_\_  
 Primary Industries \_\_\_\_\_  
 Export Method  Directly  Agent  
 Data Exchange Capabilities  Yes  No

Address	Type (Select)	Phone Number	Sq. Footage of Facilities	% Utilized	Work schedule		# of Employee	
					Shifts Per Day	Days Per Week	Direct	Indirect
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							

## Contact Data

Title	Name	Phone Number	E-Mail
President			
Sales			
Finance			
Operations/Manufacturing			
Engineering			
Quality			
Compliance			
Customer Service			
General Manager Mfg. Facility			
24. Hour Emergency Contact			

## Banking/Finance

Currency You do Business in (list all) \_\_\_\_\_  
**Gross Sales**  
 2013 \$ \_\_\_\_\_  
 2014 \$ \_\_\_\_\_  
 2015 \$ \_\_\_\_\_  
 Financial Statements Available for Review  Yes  No  
 Bank Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 Bank Account \_\_\_\_\_  
 Invoice Consolidation Billing  Yes  No  
 Swift Code \_\_\_\_\_

<b>Customer Information</b>					
Please List the % of Your Current Sale for Power Products LLC and the TOP 5 Supplier					
Name	Location	% of Sales	Name	Location	% of Sales
Power Products LLC	<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC			<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC	
	<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC			<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC	
	<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC			<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC	

<b>Enivornmental, Health, &amp; Safety</b>		
Standard Industrial Classification (SIC) Code _____		
Are You Certified to ISO:14001 or an Environmental Managemanet System Similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Yes Please Attach Certificate</b>		
Is There a Documented Safety Program in Place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Maintain & Send Out "SDS" (Data Safety Sheets)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Have a Waste Minimization/Recycling Program, That Meets Federal & State Regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Compliance</b>		
Do You Maintain & Send Out REACH Documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Maintain & Send Out RoHS Documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Maintain & Send Out Conflict Minerals Documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Maintain & Send Out Prop 65 Documentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Engineering Capabilities</b>		
Do You Have in House Engineering Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Provide Full Service Engineering Including Testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Perform a full Drawing Review Before Releasing to Production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Use a CAD System For Drawing/ Design?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Accept Electronically Sent CAD Files?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What Types of CAD Files Can You Handle?	_____	

<b>Manufacturing Capabilities</b>				
Defective Parts Per Million	Internal	Piece or Lot Count	External	Piece or Lot Count
2013				
2014				
2015				
Percentage On Time Delivery				
2013				
2014				
2015				
What is the Age & Condition of Your Manufacturing Equipment?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
What Processes do You Use in The Manufacturing of Your Product(s)?	<input type="checkbox"/> Machining	<input type="checkbox"/> Stamping	<input type="checkbox"/> Extruding	<input type="checkbox"/> Injection Molding <input type="checkbox"/> Casting
Do You Have Technical Resources to Support Tool Design?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes What? _____	
Do You Use KANBAN or Similar System of Pull Manufacturing Processes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What % of Your Customers Parts Are on KANBAN (or Similar System)?	_____			
Is Bar Coding Used Within Your Facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

<b>Quality Management Sytem</b>		
Are You Certified to ISO:9001 or a Quality Managemanet System Similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If Yes Please Attach Certificate</b>		
Do You Measure Cost of Quality?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Have a Preventive Maintenance Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Utilize Sstatistical Techniques to Assess?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Provide Certifications or Inspection Data With Shipments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Process Control Plans Developed & Used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Incorporate Detailed Work Instructions at The Point of Use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do You Have a Corrective Action Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Supplier Self-Assessment

If The Supplier Had Passed The Third Party Registered ISO-9000/QS-9000/TS/VDA Certification Then no Need to Fill Out The Following Self Assessment Content:

Element	System in Place		Documentation Available		Comment
4.1 Management Responsibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.2 Quality System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.3 Contract Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.4 Design Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.5 Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.6 Purchasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.7 Customer Supplied Product	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.8 Product Identification & Tractability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.9 Process Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.10 Inspection & Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.11 Control of Nonconforming Product	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.12 Inspection & Test Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.13 Corrective & Preventive Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.14 Handling, Storage, Packaging, and Delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.15 Control of Quality Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.16 Internal Quality Audits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.17 Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.18 Servicing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.19 Statistical Techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Section II</b>					
Chrysler-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ford-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Motors-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other OEM-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Name of Person Completing Survey \_\_\_\_\_  
 Title of Person Completing Survey \_\_\_\_\_  
 Signature of Person Completing Survey \_\_\_\_\_

<b>Internal Use at Power Products ONLY</b>			
Survey Reviewed By		Reviewed Date	
		Supplier Code	
Comments:			