

SUPPLIER SURVEY



Completed by: _____ Survey Date: _____

Signature: _____ Title: _____

Product Type under investigation by AFCO: _____

General Information

Company Name: _____

Company Address: _____

Telephone Number: _____ Fax: _____

Other Locations: _____

Company Established: _____

Annual Sales (in million): 20 _____ 20 _____ 20 _____ 20 _____ (forecast)

Ownership: Private / Partnership / Corporation / Public

Listed with Dun & Bradstreet: Yes / No If yes: D & B No.: _____

Attach Annual Report (if available)

Contact Person(s)

Sales: _____ Telephone: _____

Quality: _____ Telephone: _____

Production Control: _____ Telephone: _____

Engineering: _____ Telephone: _____

Environmental: _____ Telephone: _____

Senior Management

President: _____

Plant Manager: _____

SUPPLIER SURVEY

AFCO

Recent Management Changes: _____

Attach Organization Chart (if available)

Personnel

Number of Employees: _____ Direct: _____ Indirect: _____

Shifts/Day: _____ Days/Week: _____

Union Affiliation: _____ Agreement Expires: _____

Employment Levels (past 3 years): _____

Employee Turnover Ratio: _____

Facilities

Square Feet: _____ Manufacturing: _____ Office: _____

Age: _____ Expansion Plans: _____

Do you have a 5S (clearing, arrangement, cleanliness, clean-up, discipline) policy: _____

Production Information

Type of Manufacturing Process: cell _____ line _____ other _____

Secondary Capability: _____

Main Products: _____

Automotive: _____ Direct: _____ Indirect: _____

Annual Production (if raw material manufacturer) _____ tons/year _____

Major Customers

1. _____ % of Business _____

2. _____ % of Business _____

3. _____ % of Business _____

SUPPLIER SURVEY



Equipment

Production/Manufacturing: (attach list) _____

Tool Room: (attach list) No. of Toolmakers: _____ Shifts: _____

Tool Room Capability: Maintenance / Repair / Build-Production / Prototype

Short/Long Term Plans for Equipment Replacement: _____

Capacity Available: Production: _____ Tool Room: _____

Quality Information

No. of Persons: _____ Lab: _____ Inspection: _____

Lab Equipment: (attach list) _____

Are SPC techniques used? Yes / No Where are they used? _____

Hours of SPC Training per year per person: QC: _____ Machine Operator: _____ Tool Room: _____

Other quality training: _____

Plans for Additional Capital Investment: _____

Rejection Rate: Internal: _____ % Returned Goods: _____ %

Raw Material Inspection: Certs _____ Additional Inside _____ Additional Outside _____

Major Customer Company _____ Rating _____

Quality Ratings: Company _____ Rating _____

Company _____ Rating _____

Company _____ Rating _____

Third Party Certification: Yes / No Type: _____ Auditor: _____

Expiration Date: _____

Attach Organization chart (if available)

SUPPLIER SURVEY



Engineering

No. of Persons: _____ Design: _____

Tool Design: _____ CAD _____ Sub Contract _____

Process: _____ Electrical _____ Mechanical _____ MFG: _____

Industrial _____

CAD file format ability (import/export): IGES: _____ DXF: _____ AutoCAD: _____

Other: _____

Tool design & manufacturing at US: Yes / No If no, where is it? _____

Delivery

Tracking System to Monitor Performance: Yes / No

On-Time Rating: _____ % To: Customer or Supplier

Want Date _____ Promise Date _____

JIT Delivery: Capable _____ Currently Using _____

Company Trucks: Number _____ Type _____ Age _____

Kanban Experience / Capable: Yes / No

Are you capable to handle returnable packaging? Yes / No

Environmental Information

The following environmental information is part of the ISO14000 audit; so be sure that the following and all the other information is complete and accurate to the best of your knowledge.

ENVIRONMENTAL INFORMATION

AFCO

1. Do any of your processes involve the use of EPA-listed hazardous air pollutants or volatile organic compounds?
Yes [] **No** [] **Not Sure** []
2. Do any of your processes discharge water to a municipal water system, pond, lagoon, stream, river, lake or well?
Yes [] **No** [] **Not Sure** []
3. Do any of your processes generate waste chemicals which are potentially hazardous?
Yes [] **No** [] **Not Sure** []
4. Do you import or manufacture chemicals?
Yes [] **No** [] **Not Sure** []
5. Does your facility use, apply, manufacture or distribute pesticides?
Yes [] **No** [] **Not Sure** []
6. Is someone designated as being responsible for environmental management activities at your facility?
Yes [] **No** [] **Not Sure** []
7. Does your facility have a program to regularly evaluate and control environmental activities and regulatory changes?
Yes [] **No** [] **Not Sure** []
8. Does your facility have all the necessary air permits?
Yes [] **No** [] **Not Sure** []
9. Does your facility have all the necessary water discharge permits?
N/A [] **Yes** [] **No** [] **Not Sure** []
10. Does your facility have a RCRA generator ID number?
N/A [] **Yes** [] **No** [] **Not Sure** []
11. Does your facility have all the necessary TSCA and/or FIFRA permits?
N/A [] **Yes** [] **No** [] **Not Sure** []
12. Does your facility complete all mandated federal, state and local environmental reporting requirements (i.e. Tier II or Form R reports)?
N/A [] **Yes** [] **No** [] **Not Sure** []
13. Has your facility been found in violation of any Federal, state or local environmental regulation, law or statute in the last three years?
Yes [] **No** [] **Not Sure** []
14. Has your facility or its ownership come under civil or criminal litigation regarding environmental activities?
Yes [] **No** [] **Not Sure** []

ENVIRONMENTAL INFORMATION

15. Is there any uncontrolled chemical storage or dumping at this facility?

Yes [] No [] Not Sure []

16. Is there any chemical contamination or remediation activities at this facility?

Yes [] No [] Not Sure []

17. Do you have any third-party environmental certifications or registrations ?

Yes [] No [] Not Sure []

18. Has your facility received any environmental recognition? If so, please explain.

Yes [] No [] Not Sure []

19. Has your facility conducted any waste reduction activities? If so, please explain.

Yes [] No [] Not Sure []

20. Has your facility conducted any utilities reduction activities? If so, please explain.

Yes [] No [] Not Sure []

21. Has your facility conducted any recycling activities? If so, please explain.

Yes [] No [] Not Sure []

ENVIRONMENTAL INFORMATION

Miscellaneous Information

Continuity of Supply:

1. Additional manufacturing facility or association with similar manufacturer:
(RE: transfer of tools due to disaster, strike, capacity, etc.)

2. Back-up Power Supply: _____

Bar Coding Available: Yes / No

Are you EDI capable? Yes / No

Business with Japanese: Current / Past Company Name _____

Supplier Quality Assurance (SQA) System in Purchasing Function: Yes / No

Minority Status: _____

Closest Airport: _____

Comments: _____