



Place cursor over box with red mark to see further explanation of each question

<b>Company Name:</b>		<b>DUNS No.</b>	
<b>Street Address:</b>		<b>Today's Date:</b>	
<b>City, State, Country:</b>			
<b>Corporate Ownership:</b>		<b>Year Established:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>No. of Employees Salaried:</b>	<b>Hourly:</b>	<b>Union:</b>	
<b>Operations Manager:</b>		<b>Phone:</b>	
<b>Engrg. Manager:</b>		<b>Phone:</b>	
<b>Number of Design Engrg. personnel:</b>		<b>Eng. Fax:</b>	
<b>Quality Manager:</b>		<b>Phone:</b>	
<b>Number of Quality Control personnel:</b>		<b>QC Fax:</b>	
<b>Total Annual Sales:</b>		<b>% Domestic Sales:</b>	
<b>Annual capital investment (approx) \$:</b>		<b>Average Inventory turns:</b>	
<b>Facility size (Square feet):</b>		<b>Number of shifts worked:</b>	
<b>Products manufactured:</b>			
<b>HSN Code:</b>			

**Types of Manufacturing Equipment / Processes and % utilized:**

<u>Process</u>	<u>%</u>	<u>Process</u>	<u>%</u>	<u>Process</u>	<u>%</u>

Major processes performed by sub-suppliers:

**Is your quality system certified/qualified by any other customers or agencies?**

Agency Name & Rating: \_\_\_\_\_

**Does your Business/Quality/Goals include preparation and registration to one of the ISO 9000 or QS 9000-type standards?**

Standard: \_\_\_\_\_ Planned registration date: \_\_\_\_\_

Scope: \_\_\_\_\_

<u>Major Customers</u>	<u>% of Annual Sales</u>	<u>% Reject Rate of PPM</u>	<u>% On-Time Delivery</u>



**What is your lead time for the following: (enter number of weeks)**

**New order parts:** \_\_\_\_\_ **Current parts:** \_\_\_\_\_ **Increase capacity 20%:** \_\_\_\_\_

<i>Place an "X" in the box for Yes/No:</i>		<b>Yes</b>	<b>No</b>
<i>Do you have Capacity Requirements Planning (CRP) system?</i>			
<i>Do you have Electronic Data Interchange (EDI) capabilities?</i>			
<i>Do you have a Manufacturing Requirements Planning (MRP) system?</i>			
<i>Do you have a Just-In-Time (JIT) delivery program?</i>			
<i>Do you develop a long-term (several years) forecast for volumes and capacity?</i>			
<i>What percentage of your business is with</i>			<b>Number</b>
<i>Do the current</i>			
<i>Is your capacity affected by short term volume fluctuations (changes in the number of parts per shipment)?</i>			
<i>Are you currently subcontracting work to meet capacity requirements for any of the above-listed processes?</i>			
<i>Have you developed/utilized process efficiency (process improvement) programs?</i>			
<i>Could you hire additional qualified people from your local area if necessary?</i>			
<i>Do you have a list of trained employees for all significant processes within your operation?</i>			
<i>Do you have Typhoon / Hurricane recovery plan on file?</i>			
<i>Do you have back-up electrical generators?</i>			
<i>Do you have an extended planned shutdown period for vacations, etc.?</i>			
<i>If "yes", when is the scheduled time?</i>			
<i>What is the minimum number of days of inventory (safety stock) are you willing to carry to protect against volume changes?</i>			<b># of Days</b>
<i>How many shifts are scheduled at your facility in a 24-hour period?</i>			<b># of Shifts</b>
<i>What is the normal scheduled work week at your facility?</i>			<b># of Days</b>

**Are you currently capable in the following systems? If not, please supply planned date (month/year):**

<u>System</u>	<u>Yes/No</u>	<u>Planned Date Implementation</u>	<u>Specifications Used</u>
Bar coding (AIAG B-3 and B-5 labels)			
PRO-E			
EDI Transaction Sets:			
210 Freight notice			
810 Invoice			
820 Pay Order / Remittance advice			
824 Application Advice			
830 Material Release			
840 Request for Quote			
848 Material Safety Data Sheet			
855 P.O. Acknowledgement			
856 Ship Notice / Manifest			
861 Receiving Advice			
997 Functional Acknowledgement			



*Place an "X" in the box for Yes/No:*      **Yes**      **No**

**Does C-I provide design or process specifications?  
Engineering computer system:**

**What design capabilities do you have?**

**Describe your preventive maintenance program:**

**What is your participation in any customer's Part Certification Program? (Please list customers)**

**How do you measure continuous improvement?**

**What is your participation in joint cost management/cost reduction teams with your customers?**

**How do you measure results?**

**In what ways do you typically share in the benefits of such activities?**

*Place an "X" in the box for Yes/No:*      **Yes**      **No**

**Have you ever been inspected by a regulatory agency?**  
If yes, please list name of agency and date: \_\_\_\_\_

**Yes**      **No**

**Have you ever been fined by a regulating agency:**  
If yes, please list name of agency and date: \_\_\_\_\_

**Yes**      **No**

**Are you on a list of companies ineligible to do work for any government agency?**  
If yes, please list name of agency and date: \_\_\_\_\_

**Yes**      **No**

**Do you handle, use or store hazardous materials and/or waste?**

*Place an "X" in the box for Yes/No:*      **Yes**      **No**

**Do you have the following documents on file?**

Environmental Training Program

OSHA 200 Log (or equivalent safety record log)

Waste Manifests

Emergency / Contingency Plan

Discharge Monitoring Reports

Other (Please specify):

\_\_\_\_\_

\_\_\_\_\_



**Do you currently utilize the following elements in your Quality System?**

<u>Element</u>	<u>Yes</u>	<u>Partial</u>	<u>No</u>	<u>Specify Format</u>	<u>Procedure No.</u>
Quality Manual					
Procedures Manual					
Internal Self-Audits					
Documented Employee Training Program with Records					
Contract Review					
Quality Improvement Plan or Written Business Plan					
Advanced Quality Planning					
Cost of Quality Report					
Corrective Action with Root Cause Analysis					
Gage Calibration Program					
Control of Sub-suppliers: Surveys & Rating System					
Preventive Maintenance					
Process Failure Mode and Effects Analysis (PFMEA)					
Control Plans					
Process Capability Studies Long- & Short-Term					
Statistical Analysis of Selected Measurables for Management Review					
Initial Sample Inspection Reports (ISIR)					
Design Failure Mode and Effect Analysis (DFMEA)				Do not check these boxes if you do not have design engineering capabilities	
Program Timing Charts for Design Engineering Projects					
Design Verification and Product Validation Testing					
R & D Facility & Testing					

**How many Quality, Engineering and Purchasing professionals are certified/registered by a national organization?**

Number

Specify types of certification:

\_\_\_\_\_

\_\_\_\_\_

Completed by:

Title:

Date:



*To be completed by Crosslink International, Inc.*

**Recommendation:**

- Process audit required - No third-party registration. Will supply C-I parts:
- Full systems audit required - No third-party registration. Will supply CI parts:
- Supplier has ISO 9000 registration. Will supply CI parts - On-site
- Supplier has ISO 9000 registration. Will supply CI parts - Process audit required.
- Supplier has QS-type registration -- on-site visit required.
- Supplier has design engineering responsibility, full systems audit required.
- Do Not Source business: major concerns with the overall quality system.

Representative Signature:

Title:

Date: