

## Supplier Questionnaire Part 2: Supply Chain Management

Supplier Code No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Instructions: Please complete the following questions and return this form to your Teledyne Purchasing Representative

Note: This form may be completed using MS Word, saved and returned via email.

1. General Information:

- a) Corporation
- b) Partnership
- c) Sole Proprietorship
- d) Is business:  privately owned       wholly owned, or       subsidiary  
 Minority       small business       disadvantaged

If subsidiary, who is principal owner? \_\_\_\_\_

2. List three major customers:

Customer Name	% Business
1.	
2.	
3.	

3. Years in Business? \_\_\_\_\_

4. Is your company union? ..... Yes  No

5. Financial Information:

- a) What is your annual Sales revenue? \_\_\_\_\_
- b) Does your company have a Dunn and Bradstreet rating? ..... Yes  No

6. Do you benchmark your pricing competitively? ..... Yes  No

Describe:

List process / product (s) manufactured and or distributed:

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7. Capacity Management:

- a) At what percentage of capacity is your factory currently running?
  - 1. Percentage of Capacity: \_\_\_\_\_
  - 2. Number of Shifts:      1  2  3
  - 3. What expansion approach will be implemented when expansion is necessary?
    - 1. Please Indicate: \_\_\_\_\_

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- b) What is your peak season? \_\_\_\_\_
- c) Does your company have an annual shut-down? ..... Yes  No
1. If Yes, when: \_\_\_\_\_
2. Please provide a listing of your significant capital equipment (Attach)
- d) What percentage of the work do you Sub-contract to suppliers? \_\_\_\_\_
1. What processes do you contract out? \_\_\_\_\_

List 5 major suppliers:

Name	Product	Location
1.		
2.		
3.		
4.		
5.		

8. Delivery / Production flexibility:

- a) Do you have typical (or Standard) lead times for your products, if so please provide for each product type / commodity:
- |                      |            |
|----------------------|------------|
| Product / Commodity: | Lead Time: |
|----------------------|------------|

- b) What is your ability to pull in your lead times?

- c) Do you charge a premium rate to pull in delivery dates? ..... Yes  No
1. If Yes, what is your policy? \_\_\_\_\_
- d) Do you notify customer if delivery will be late? ..... Yes  No

9. Do you have Electronic Data Information (EDI), including:

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| a) Purchase Order? .....    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Invoicing? .....         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) MRP? .....               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Document Transfer? ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) CAD / CAM? .....         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other, describe: _____      |                              |                             |

10. What are your manufacturing planning systems?

- Automated Software: \_\_\_\_\_
- Manual: Describe: \_\_\_\_\_

11. Performance Measures / Quality Metrics:

- a) Does your company maintain and utilize performance data in the following areas:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Supplier On Time Delivery: .....      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Manufacturing Inspection Yield: ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Manufacturing Test Yield: .....       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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4. On Time Delivery to Your Customer: ..... Yes  No
5. % Scrap: ..... Yes  No
6. % Rework: ..... Yes  No
7. Customer Return Rates: ..... Yes  No
8. SPC: ..... Yes  No
1. Cp Min (Process Capability): ..... Yes  No
2. Cpk Min: ..... Yes  No
9. DPM: Defects per millions: ..... Yes  No
- Is this data available on request? ..... Yes  No
12. Current On-time delivery performance (%)
- 80-85%    86-89%    90-92%    93-95%    96%-98%    99-100%
13. Improvement Program:
- a) Does your company have a formal Continuous Improvement Program? Yes  No
- Such as:
1. JIT (Just-In-Time): ..... Yes  No
2. 6 Sigma: ..... Yes  No
3. TQM (Total Quality Management): ..... Yes  No
4. Lean Manufacturing ..... Yes  No
5. 5s (Sort, Shine, Standardize, Set in Order, Sustain): ..... Yes  No
1. Value Mapping, etc. .... Yes  No
6. Other – Please Indicate: \_\_\_\_\_
14. Test Strategy and Control:
- a) Do you perform Environmental Stress Screening (ESS), Ageing (Burn-in) or Non Destructive Testing (NDT) on your products?
1. ESS (Environmental Stress Screening): ..... Yes  No
2. Ageing / Burn-in: ..... Yes  No
3. NDT (Non-destructive Testing): ..... Yes  No
15. Does your company have a part Obsolescence Program? ..... Yes  No
16. Does your company provide an “End of Life” product notification to your customers? ..... Yes  No
- a) If so, how advance notification is provided?
1. Indicate No. Months advance notification: \_\_\_\_\_
2. Indicate now is notification provided (email, letter, etc.)? \_\_\_\_\_
- b) Do you offer an End of Life purchase option? ..... Yes  No
17. What is your company’s average repair turn- around time? \_\_\_\_\_
18. What is your warranty policy for:
- a) New Products (Months / Years): \_\_\_\_\_
- b) Repair Products (Months / Years): \_\_\_\_\_
19. Sales and Service Support:
- a) Do you use internal sales personnel? ..... Yes  No
- b) Do you use a manufacturing representative? ..... Yes  No
1. If yes:
- Company Name: \_\_\_\_\_ Representative Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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20. Failure Evaluation and Corrective Action:

- a) Do you have a Failure Analysis and Corrective Action Program? ..... Yes  No
1. Do you support failed product failure analysis and corrective action? ..... Yes  No
2. Does your company evaluate internal defects found in the company? ..... Yes  No
3. Do you have on site failure analysis equipment and capabilities? ..... Yes  No

21. Does your company have a formal Ethics program? ..... Yes  No

22. Where do you see your company's growth / focus in the next 3 years?

- a) Please indicate: \_\_\_\_\_
- b) New Equipment capabilities: \_\_\_\_\_
- a) New Product Areas offerings: \_\_\_\_\_

23. Customer Satisfaction:

- a) Do you provide Customer Support? ..... Yes  No
1. If Yes, What support / service (s) are provided?

\_\_\_\_\_

\_\_\_\_\_

- b) Is the support / service free? ..... Yes  No
- c) If not what is the cost? \_\_\_\_\_

24. Concurrent Engineering:

- a) Do you have early supplier involvement in your development programs? ..... Yes  No

25. What is your annual Manufacturing Personnel turnover rate percentage? \_\_\_\_\_%

26. Do you have a formal Training Program? ..... Yes  No

- a) Do you have an Employee Skills Matrix for the MFG / Test / Inspection personnel? ..... Yes  No
- Describe: \_\_\_\_\_

Name of the Company Manager responsible for completing this questionnaire:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail, FAX, or email this questionnaire to your Teledyne Controls Purchasing Representative:

Teledyne Controls  
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