

# 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:

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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?

b) Please Indicate: \_\_\_\_\_

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- c) What is your peak season? \_\_\_\_\_
- d) Does your company have an annual shutdown? ..... Yes  No
1. If yes, when: \_\_\_\_\_
2. Please provide a listing of your significant capital equipment (Attach)
- e) 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  No
- b) Invoicing? ..... Yes  No
- c) MRP? ..... Yes  No
- d) Document Transfer? ..... Yes  No
- e) CAD / CAM? ..... Yes  No
- 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  No
2. Manufacturing Inspection Yield: ..... Yes  No
3. Manufacturing Test Yield: ..... Yes  No

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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
- a) Cp Min (Process Capability): ..... Yes  No
- b) 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
- 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. Technical support ..... Yes  No
  - 2. Product application support ..... Yes  No
  - 3. Processes Improvement/Validation ..... Yes  No
  - 4. Root Cause Analysis ..... Yes  No
  - 5. Other ..... Yes  No
  - 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:

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