|  |  |
| --- | --- |
| 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 must be completed using MS Word, saved and returned via email. If any question does not apply to your company please indicate, “**N/A**”.

1. General Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Corporation |  | | | | | | |
| 1. Partnership |  | | | | | | |
| 1. Sole Proprietorship |  | | | | | | |
| 1. Is business: | privately owned | | | wholly owned, or | | subsidiary | |
|  | | Minority | | | small business | | disadvantaged |
| If subsidiary, who is principal owner? | | |  | | | | |

1. List three major customers:

|  |  |
| --- | --- |
| Customer Name | % Business |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| 1. Years in Business? | |  |
| 1. Is your company union? | …………………………………………………………………………. | | | | | | | Yes | | | No | N/A |
| 1. Financial Information: |  | | | | | | | |  |  | | |
| 1. What is your annual Sales revenue? | | | |  | | |
| 1. Does your company have a Dunn and Bradstreet rating? | | | | | |  | | Yes | | | No | N/A |
| 1. Do you benchmark your pricing competitively? | | | | | |  | | | Yes | | | No | N/A |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| 1. Capacity Management: | | | |  | | | | | | | | |  | |  | |
| 1. At what percentage of capacity is your factory currently running? | | | | | | | | | | |  | |  | |  | |
| Percentage of Capacity: | | | | |  | |
| Number of Shifts: | | | | | 1  2  3 | | |
| What expansion approach will be implemented, when expansion is necessary? | | | | | | | | | | | | | | | | |
| 1. Please Indicate: | | |  | | | | | | | | | | | | | |
| 1. Does your company have an annual shutdown? | | | | | | | | | …………..………………................ | | | | Yes | No | | N/A |
| 1. If yes, when: | | |  | | | | | | | | | | | | | |
| 1. What percentage of the work do you Sub-contract to suppliers? | | | | | | | | | |  | |
| 1. What processes do you contract out? | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

1. Delivery / Production flexibility:
   1. Do you have typical (or Standard) lead times for your products, if so please provide for each product type / commodity:

|  |  |
| --- | --- |
| Product / Commodity: | Lead Time: |
|  |  |
|  |  |
|  |  |

* 1. What is your ability to pull in your lead times?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| 1. Do you charge a premium rate to pull in delivery dates? | | | | ……………………..…………... | Yes | No | N/A |
| 1. If yes, what is your policy? | |  | | | | | |
| 1. Do you notify customer if delivery will be late? | | | ……………………..……………………. | | Yes | No | N/A |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Purchase Order? | …………………………….………………………………………….. | | Yes | No | N/A |
| 1. Invoicing? | …………………………………………………………………………. | | Yes | No | N/A |
| 1. MRP? | …………………………………………………………………………. | | Yes | No | N/A |
| 1. Document Transfer? | …………………………………………………………………………. | | Yes | No | N/A |
| 1. CAD / CAM? | …………………………………………………………………………. | | Yes | No | N/A |
| Other, describe: | |  | | | | |

1. What are your manufacturing planning systems?

|  |  |  |
| --- | --- | --- |
| Automated | Software: |  |
| Manual: | Describe: |  |

1. Performance Measures / Quality Metrics:
   1. Does you company maintain and utilize performance data in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Supplier On Time Delivery: | ………………………………………………… | Yes | No | N/A |
| 1. Manufacturing Inspection Yield: | ………………………………………………… | Yes | No | N/A |
| 1. Manufacturing Test Yield: | ………………………………………………… | Yes | No | N/A |
| 1. On Time Delivery to Your Customer: | ………………………………………………… | Yes | No | N/A |
| 1. % Scrap: | ………………………………………………… | Yes | No | N/A |
| 1. % Rework: | ………………………………………………… | Yes | No | N/A |
| 1. Customer Return Rates: | ………………………………………………… | Yes | No | N/A |

1. Current On-time delivery performance (%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 80-85% | 86-89% | 90-92% | 93-95% | 96%-98% | 99-100% |

1. Improvement Program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Does your company have a formal Continuous Improvement Program? |  | Yes | No | N/A |

Such as:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. TQM (Total Quality Management): | …………………………………………………… | | Yes | No | N/A |
| 1. Lean Manufacturing | …………………………………………………… | | Yes | No | N/A |
| 1. 5s (Sort, Shine, Standardize, Set in Order, Sustain: | | …………………………………. | Yes | No | N/A |

1. Test Strategy and Control:
   1. 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 | N/A |
| 1. Ageing / Burn-in: | ………………………………………………… | | | Yes | No | N/A |
| 1. NDT (Non-destructive Testing): | ………………………………………………… | | | Yes | No | N/A |
| 1. Does your company have a part Obsolescence Program? | | …………………………………… | | Yes | No | N/A |
| 1. Does your company provide an “End of Life” product notification to your customers? | | | …….. | Yes | No | N/A |

* 1. If so, how advance notification is provided?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Indicate No. Months advance notification: | |  | | | | | |
| 1. Indicate now is notification provided (email, letter, etc.)? | | | |  | | | |
| 1. Do you offer an End of Life purchase option? | ……………………………………………… | | | | Yes | No | N/A |
| 1. What is your company’s average repair turn- around time? | | |  | | | | |

1. What is your warranty policy for:

|  |  |
| --- | --- |
| 1. New Products (Months / Years): |  |
| 1. Repair Products (Months / Years): |  |

1. Sales and Service Support:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Do you use internal sales personnel? | ………………..……………………………… | Yes | No | N/A |
| 1. Do you use a manufacturing representative? | ………………….…………………………… | Yes | No | N/A |

1. If yes:

|  |  |  |
| --- | --- | --- |
| Company Name: | Representative Name: | Phone Number: |
|  |  |  |

1. Failure Evaluation and Corrective Action:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Do you have a Failure Analysis and Corrective Action Program? | | ……..………. | | Yes | No | N/A |
| 1. Do you support failed product failure analysis and corrective action? | | | …………..…… | Yes | No | N/A |
| 1. Does your company evaluate internal defects found in the company? | | | ………………. | Yes | No | N/A |
| 1. Do you have on site failure analysis equipment and capabilities? | | | ……….………. | Yes | No | N/A |
| 1. Does your company have a formal Ethics program? | …………………..................................... | | | Yes | No | N/A |

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

|  |  |
| --- | --- |
| 1. Please indicate: |  |
| 1. New Equipment capabilities: |  |
| 1. New Product Areas offerings: |  |

1. Customer Satisfaction:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Do you provide Customer Support? | | | ……………………………………………………… | | Yes | No | N/A | |
| 1. Technical support | | | | …………………………………………………… | Yes | No | N/A | |
| 1. Product application support | | | | …………………………………………………… | Yes | No | N/A | |
| 1. Processes Improvement/Validation | | | | …………………………………………………… | Yes | No | N/A | |
| 1. Root Cause Analysis | | | | …………………………………………………… | Yes | No | N/A | |
| 1. Other ……………………………………..…………………………………………………… | | | | | Yes | No | N/A | |
| 1. Is the support / service free? | | …………………………………………………………………. | | | Yes | No | N/A | |
| 1. If not what is the cost? |  | | | | | | |

1. Concurrent Engineering:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Do you have early supplier involvement in your development programs? | | | | ……………… | | | Yes | No | N/A | |
| 1. What is your annual Manufacturing Personnel turnover rate percentage? | | | |  | | % | | | | | |
| 1. Do you have a formal Training Program? | | | ……………………………………………………… | | | | | Yes | No | N/A | |
| 1. Do you have an Employee Skills Matrix for the MFG / Test / Inspection personnel? | | | | | | .…. | Yes | No | N/A | |
| 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, LLC

501 Continental Boulevard

El Segundo, California 90245-5036

Tel: (310) 765-3600

Fax: (310)765-3608