|  |  |
| --- | --- |
| 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.
 |  |
| 1.
 |  |
| 1.
 |  |

|  |  |
| --- | --- |
| 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