

Appendix B

Supplier Assessment Tool

DIRECTIONS FOR AUDITOR OR ASSESSOR

1. Use this form to complete supplier assessments. Complete all sections. If a process or section does not apply, indicate this in the comments section. Explain why the process or section does not apply.

Note: This assessment form can also be used for a supplier self-assessment.

2. Explain the purpose or objectives for auditing the supplier prior to or while doing business with our organization:
 - a. Verify suppliers have sound financial/fiscal performance as determined by an independent party such as Dun & Bradstreet (D&B) or a similar service.
 - b. Verify supplier organizations have a quality management system (QMS) compliant to all requirements of ISO 9001 or another QMS.
 - c. Verify supplier organizations can provide the appropriate evidence that all processes used to manufacture parts or provide services were done according to their established procedures.
 - d. Verify the supplier organization has the capability to conform to customer requirements.
 - e. Verify supplier organizations will provide timely responses to any nonconforming material reports.
 - f. Verify supplier organizations will deliver parts on time, as specified on purchase orders.

- 3. Request the supplier complete a nondisclosure agreement, if one is not already on file.
- 4. Provide assessment results to supplier management (such as the quality manager and the materials manager).

Statement of Audit

The audit team has reviewed the quality management system and organizational practices of this supplier and recommends the following:

- ☐ Approve as is.
- ☐ Approve after completion of corrective action.
- ☐ Do not approve (provide explanation here).

Signed by audit team leader:

Name:	Date:
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A. General organization information

Contacts		
Top management: CEO/general mgr.	Name:	Phone:
	Email:	Fax:
Sales and marketing	Name:	Phone:
	Email:	Fax:
Customer service	Name:	Phone:
	Email:	Fax:
Engineering	Name:	Phone:
	Email:	Fax:
Quality	Name:	Phone:
	Email:	Fax:
Accounting	Name:	Phone:
	Email:	Fax:
	Name:	Phone:
	Email:	Fax:
	Name:	Phone:
	Email:	Fax:
Ownership? <input type="checkbox"/> Public <input type="checkbox"/> Private		Number of years operating:
Estimated annual revenue: \$		<p>Is the organization certified to ISO 9001 or another QMS? <input type="checkbox"/> ISO 9001 <input type="checkbox"/> Other</p> <p><i>If yes, forward a copy of your current certificate to your customer purchasing contact. Complete A-C only.</i></p> <p><i>If no, complete all sections of the survey.</i></p>
Union or nonunion facility? <input type="checkbox"/> Union <input type="checkbox"/> Nonunion		<p>If not certified to a QMS, do you have a quality manual or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, forward a copy of the manual to your customer purchasing contact.</i></p> <p><i>If no, provide a date when it will be completed:</i></p>
What percentage of your business will our organization represent? <input type="checkbox"/> >=20% <input type="checkbox"/> <20%, >10% <input type="checkbox"/> <=10%		
Do you now have or have you had an organizational relationship with our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Organization capabilities

Production lead time:	Prototype lead time:
Does your company have this capability? Check all that apply. <input type="checkbox"/> Email <input type="checkbox"/> EDI <input type="checkbox"/> Bar coding <input type="checkbox"/> Reuseable shipping containers <input type="checkbox"/> Kanban	
Kanban capabilities (describe): _____ _____	
What type of MRP system do you have? _____	
Are you using lean, Six Sigma, or similar process improvement methods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you utilize CAD/CAM or similar software? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total facility square footage:	Type of building:
What percentage of our business would be your business?	
Describe the primary product families the supplier organization produces: _____ _____	
Engineering capabilities	
Skills breakdown; check all that apply: <input type="checkbox"/> Electrical engineering <input type="checkbox"/> Manufacturing engineering <input type="checkbox"/> Software engineering <input type="checkbox"/> Other engineers, explain: <input type="checkbox"/> Chemical engineering _____ <input type="checkbox"/> Mechanical engineering	
Describe your company's OEM design experience: _____ _____	
Describe your company's experience with Underwriter's Laboratory (UL), Canada Standards Association (CSA), International Electrotechnical Commission (IEC), CE Mark, other than approvals: _____ _____	

C. Payments/invoicing terms

List payment/invoicing terms:
List warranty/return policies:
Provide contact name, email, and phone for accounts payable: Name: Phone: E-mail:
Financial references or D&B information: Name: Phone: E-mail:
Health and safety programs
Do you have a health and safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you review your health and safety program on an annual basis to make sure that all local, state, and federal laws/requirements are being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your program follow all safety regulations, including training? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you document all accidents, incidents, and near misses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an active safety committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental programs
Do you have an environmental program in place, such as ISO 14001 environmental management or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you review your environmental programs/aspects on an annual basis to make sure that all local, state, and federal laws/requirements are being met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please detail the elements of your environmental program below:

D. System control questions *(Mark each question yes, no, or NA)*

1.0 Management system standard and metrics of the organization (Add your own questions based on your industry and regulatory or conformity standards.)	Yes	No	NA
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>