



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA
Page 1 of 8

1.0 CATEGORY

Company Type	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Supplier	<input type="checkbox"/> Distributor	<input type="checkbox"/> Services
---------------------	---------------------------------------	-----------------------------------	--------------------------------------	-----------------------------------

Date Completed	Completed By:
-----------------------	----------------------

Company Name:	Phone:
----------------------	---------------

Street Address:	Fax:
------------------------	-------------

City, State, Province, Country, Mailing Code:	
--	--

Type of Organization (sole owner, partnership, corporation, subsidiary):	
---	--

Brief Company History:

--

Questionnaire Prepared by:	Title:	Phone:
-----------------------------------	---------------	---------------

--	--	--

Organization	Name	Reports to (Name and Title)	Email Address
---------------------	-------------	------------------------------------	----------------------

General Manager			
-----------------	--	--	--

Engineering Manager			
---------------------	--	--	--

Production Manager			
--------------------	--	--	--

Sales Manager			
---------------	--	--	--

Quality Manager			
-----------------	--	--	--

Website:

Affiliations / Subsidiaries:

--

Sales Contact for Creation:	Title:	Phone Number:	E-Mail Address:
------------------------------------	---------------	----------------------	------------------------

--	--	--	--

Quality Contact for Creation:	Title:	Phone Number:	E-Mail Address:
--------------------------------------	---------------	----------------------	------------------------

--	--	--	--

Dedicated Account Manager for Creation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Title:	Phone Number:	E-Mail Address:
---	---------------	----------------------	------------------------

--	--	--	--

To be completed by Creation Technologies			
---	--	--	--

	Category 1	<input type="checkbox"/>	Manufacturer – Custom
--	------------	--------------------------	-----------------------

	Category 2	<input type="checkbox"/>	Distributor – Independent
--	------------	--------------------------	---------------------------

		<input type="checkbox"/>	Manufacturer – Standard
--	--	--------------------------	-------------------------

		<input type="checkbox"/>	Distributor – Franchised
--	--	--------------------------	--------------------------

		<input type="checkbox"/>	Broker
--	--	--------------------------	--------

	Category 3	<input type="checkbox"/>	Services – Production
--	------------	--------------------------	-----------------------

	Category 4	<input type="checkbox"/>	Services – Logistics
--	------------	--------------------------	----------------------

		<input type="checkbox"/>	Services – Non-Production
--	--	--------------------------	---------------------------

		<input type="checkbox"/>	Customer
--	--	--------------------------	----------

		<input type="checkbox"/>	Engineering/Prototype (not for production)
--	--	--------------------------	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA
Page 2 of 8

2.0 STAFFING / FACILITIES:

# of Employees -	Design Engineering	Manufacturing	Mfg. Engineering	Quality	Inspection	TOTAL

Is workforce unionized? Yes No **Comments:** _____

Plant Area:	# of Buildings:	Primary Product / Commodity or Service:
<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		

3.0 OPERATIONS CAPACITY:

Number of shifts:	
Hours per day:	
Days per week:	

Overall Capacity (%): _____

Normal Production Lot Size: _____

➤ *Creation may request a DETAILED Manufacturing Equipment and Process List which may include a detailed inspection equipment list.*

4.0 FINANCIALS:

Indicate your company's ownership status: Publicly held company Privately held company

If publicly held, stock symbol: _____

Indicate company's Financial D&B (or equivalent financial strength ratio): _____

Financial			Shipping					
Payment Terms: Min NET 60			Freight Terms	<input type="checkbox"/> EXW	<input type="checkbox"/> DDP	<input type="checkbox"/> DAP	<input type="checkbox"/> FCA	<input type="checkbox"/> TBD
Invoice Currency	<input type="checkbox"/> USD	<input type="checkbox"/> CAD	<input type="checkbox"/> CNY	FOB				
Payment Method	<input type="checkbox"/> Check	<input type="checkbox"/> Wire	<input type="checkbox"/> Clearing	Ship Via				


Annual Sales Percentages:

Total Annual Sales % (previous year):	
% Annual Sales for MEDICAL:	
% Annual Sales for AVIATION / AEROSPACE:	
% Annual Sales for AUTOMOTIVE / INDUSTRIAL:	
Expected Sales (current year):	
Projected Sales Growth (1 year out):	
Projected Sales Growth (2 years out):	
Projected Sales Growth (3 years out):	

List the percentage of revenue for key customers of Medical /Aviation /Aerospace /Automotive / Industrial Customers to whom you supply product:

Customer % of Revenue:	Industry:	Types of Part(s) / Product(s):
	<input type="checkbox"/> Aerospace <input type="checkbox"/> Medical <input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace <input type="checkbox"/> Medical <input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace <input type="checkbox"/> Medical <input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace <input type="checkbox"/> Medical <input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace <input type="checkbox"/> Medical <input type="checkbox"/> Industrial	

List the percentage of revenue for supplied Product to Creation Technologies _____

	CREATION TECHNOLOGIES – Standard Procedure		
	Supplier Questionnaire COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.		Document # C-0002603

- Distributor: *If this box is checked skip to page 6 and complete.*
- Metrology Supplier: *If this box is checked skip to “calibration control” section on page 4 and complete.*
- Service Provider: *If this box is checked enter NA in comments field of any non-applicable sections.*

5.0 COMMERCIAL:

Contracts and Agreements -	Yes	No	Comments
1. Do you provide direct contract pricing (based on annual quantity with multiple deliveries)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Would your company enter into Long Term Agreements (LTA's)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Would you company enter Vendor Managed Inventory Programs (VMI)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have any active Long-Term Agreements (LTA's)?	<input type="checkbox"/>	<input type="checkbox"/>	

6.0 NEW PRODUCT DEVELOPMENT:

Development Support -	Yes	No	Comments
1. Do you have customer new product development / launch experience?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a dedicated new product development group?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have a dedicated pilot-production area?	<input type="checkbox"/>	<input type="checkbox"/>	

7.0 QUALITY SYSTEM:

➤ **Supplier shall provide a copy of applicable certification(s) including the certificate number by the registrar or certifying party.**

Indicate Current Quality System Registration:	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 13485 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> FDA <input type="checkbox"/> AS9100 <input type="checkbox"/> ISO 17025 <input type="checkbox"/> OSHAS 18001 or equivalent <input type="checkbox"/> Other(s), please specify: _____ <input type="checkbox"/> IAFT 16949
Last Audit Date:	Registrar:
Last Audit Findings	Major(s): _____ Minor(s): _____
Certification Validation(s) yes / no	Source:
FDA Registration Number	
Experience with supplying to Military	<input type="checkbox"/> ITAR <input type="checkbox"/> CGD <input type="checkbox"/> DFAR
Will Creation be allowed to audit the supplier if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate the PPAP elements your organization has experience with (part of normal business process) and can provide, if requested:

Production Part Approval Process (PPAP) element experience -	Yes	No	Comments
1. Part Submission Warrant (PSW)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Design Record / Balloon Drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3. Material / Performance Test Results and Certificates	<input type="checkbox"/>	<input type="checkbox"/>	
4. Dimensional Results	<input type="checkbox"/>	<input type="checkbox"/>	
5. Process Capability Studies	<input type="checkbox"/>	<input type="checkbox"/>	
6. Measurement System Analysis (MSA)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Process Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	
8. Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	
9. Process Failure Mode and Effects Analysis (PFMEA)	<input type="checkbox"/>	<input type="checkbox"/>	



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA

Page 4 of 8

Continuous Improvement -	Yes	No	Comments
1. Do you have a structured continuous improvement program?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your company have a Six Sigma or equivalent management system?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you measure and report on scrap and rework trends?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you analyze scrap and rework to determine root causes of defects?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you use SPC techniques in the manufacturing process?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you perform machine capability studies? Takt time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you manufacture in a cellular environment?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you respond to customer feedback regarding your company's quality and delivery performance?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you incorporate Just In Time (JIT) based on customer forecast?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you measure and track your company's quality and delivery performance?	<input type="checkbox"/>	<input type="checkbox"/>	
10a. Indicate your company's year-to-date quality performance rating in terms of defective Parts Per Million (PPM) and last full calendar year end rating:			
10b. Indicate your company's year-to-date delivery performance rating in terms of On-Time Delivery (OTD) percentage and last full calendar year end rating:			

Supplier Control and Management -	Yes	No	Comments
1. Do you have a supplier rating system?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the supplier rating information supplied to your Purchasing department / group?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have an approved supplier list? AVL? (Approved Vendor List)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have a supplier audit program?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have a corrective action system for supplier/customer non-conforming material?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have a process to manage supplier Product Change Notifications (PCN)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you have a process to manage customer Product Change Notifications (PCN)?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have a program to prevent purchase of counterfeit materials?	<input type="checkbox"/>	<input type="checkbox"/>	

Engineering -	Yes	No	Comments
1. Do you have a system to incorporate customer specifications into manufacturing work instructions, standards, and specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a system to incorporate customer changes into manufacturing work instructions, standards, and specifications? ECN and /or PCN Process?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Can your system support Key Characteristics and SPC requirements defined on Creation engineering documents in your manufacturing work or testing instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have engineering support in Canada? U.S.? Mexico? or other country's Creation is present?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you use Computer Aided Manufacturing (CAD/CAM) / Solid Works software to develop manufacturing work instructions and programming?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Can you support data transfer with other CAD/CAM/ Solid Works formats?	<input type="checkbox"/>	<input type="checkbox"/>	

Manufacturing Control and Inspection -	Yes	No	Comments
1. Do you have a material traceability system? Drill down to component level?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you verify physical and chemical properties of purchased materials?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Can you retain quality records for 25 years or longer if specified by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your system provide for timely, identification, quarantine, and control of non-conforming material?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does your system provide notification to the customer for non-conformances that have been shipped from your factory? Including onsite support for containment / sorting to keep production running at your customer?	<input type="checkbox"/>	<input type="checkbox"/>	



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA
Page 5 of 8

6. Do you submit part approval documentation compliant to the requirements defined in the Automotive Industry Action Group (AIAG) PPAP manual or other Creation specific customer certifications / requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you perform sampling inspection in-process? Record results?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does your system assure all manufacturing work instructions and specifications are current? Visual standards or monitors / IPADs especially if English is not primary language?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do work instructions for operators and assemblers have revision history and signoff?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you have a system to validate manufacturing methods and work instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there a Material Review Board (MRB) and corrective action system?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Can you perform annual eye exams for all personnel performing visual inspection by a medically qualified/trained person to Snellen 14/18, (20/25), Jaeger Type 2, or equivalent for lead inspectors / operators if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	

Part Cleanliness / FOD Control (Foreign Object Damage) -	Yes	No	Comments
1. Do you have a system to ensure part cleanliness including shipment packaging or dunnage?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your part cleanliness process include visual inspection under magnification? If so list magnification.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have ultrasonic cleaning equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have pressure wash capability?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have rigid bore scope equipment for difficult to access internal passages?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have flexible bore scope equipment for difficult to access internal passages?	<input type="checkbox"/>	<input type="checkbox"/>	

Software Quality Control -	Yes	No	Comments
1. Is software used in manufacturing, design, or inspection of product?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have documented procedures for implementing software quality?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have procedures for change control of software, and do they comply with industry standards?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are copies of software files stored and backed up at a secure off-site location?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have software proprietary license control?	<input type="checkbox"/>	<input type="checkbox"/>	

Business Systems -	Yes	No	Comments
1. Do you have a change control system (engineering or process)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have experience using customer supplier portals for planning, order releases, and documentation (engineering and quality) visibility?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you use a Material Requirements Planning (MRP) or Enterprise Resource Planning (ERP) system? Capability to use (EDI – Electronic Data interchange)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Indicate the brand name of your company’s MRP / ERP system (if applicable):			

Calibration Control -	Yes	No	Comments
1. Do you have documented procedures to control, calibrate, and maintain inspection, measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a gauge recall system in place? And a dropped gauge clause?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are gauges and inspection equipment traceable to a global standard?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have a system for calibration of measuring and test equipment compliant with ISO10012, ISO17025 or ANSI/NCSL Z540? Internal or external?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you use subcontractors for calibration of measuring and test equipment? Does the subcontractor certify using a globally recognized standard? (NIST, ISO17025, etc)	<input type="checkbox"/>	<input type="checkbox"/>	



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA
Page 6 of 8

Materials:

Do you currently work with the following materials?	Yes	No	Comments:
Plastics / Resins	<input type="checkbox"/>	<input type="checkbox"/>	
PCBs	<input type="checkbox"/>	<input type="checkbox"/>	
Copper	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	<input type="checkbox"/>	<input type="checkbox"/>	
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	<input type="checkbox"/>	<input type="checkbox"/>	
SnPb or HASL	<input type="checkbox"/>	<input type="checkbox"/>	
Silver	<input type="checkbox"/>	<input type="checkbox"/>	
Palladium	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	
Electronics	<input type="checkbox"/>	<input type="checkbox"/>	
Stainless Steels	<input type="checkbox"/>	<input type="checkbox"/>	
Precipitation Hardened Stainless Steels	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic Stainless Steels	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	

Special Processes, Non-Destructive Testing:

➤ Please include a copy of any applicable 3rd party registrations (i.e., NADCAP, etc.).

Specification:	Process:	On-site?		Subcontracted?		Comments:
		YES	NO	YES	NO	
AMS2468	Hard Coating Treatment of Aluminum Alloys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMS2759	Heat Treatment of Steel Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMS-QQ-P-35	Passivation Treatments for Corrosion Resistant Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MIL-A-8625	Anodic Coatings for Aluminum and Aluminum Alloys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MIL-R-46082	Retaining Compounds, Single Component, Anaerobic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMS-2644	Fluorescent Penetrant Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ASTM-E1444	Magnetic Particle Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify: _____	Other, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA
Page 7 of 8

8.0 DISTRIBUTOR INFORMATION:

# of Employees -	Sales / Support	Quality	Operations	TOTAL

Type(s) of Products and/or Product Categories	
--	--

Which Authorized Franchised Manufacturers are supported?	
---	--

Warehouse Locations:

City, State, Province, Country	Warehouse Size	Inventory Value	% of Sales
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		

Creation Technologies Operations that can be supported at a local level:

USA	<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Dallas, TX	<input type="checkbox"/> Chicago, IL
	<input type="checkbox"/> Milwaukee, WI	<input type="checkbox"/> St Peter, MN	<input type="checkbox"/> Seattle, WA
Canada	<input type="checkbox"/> Toronto, ON	<input type="checkbox"/> Mississauga, ON	<input type="checkbox"/> Vancouver, BC
Mexico	<input type="checkbox"/> Mexicali, MX	<input type="checkbox"/> Hermosillo, MX	
Asia	<input type="checkbox"/> Changzhou, CN		

Type of Service	Type of Value-Added Services			
<input type="checkbox"/> Authorized Seller ** Program**	<input type="checkbox"/> Kitting	<input type="checkbox"/> Cable Assembly	<input type="checkbox"/> Connector Assembly	<input type="checkbox"/> Mil Screening
<input type="checkbox"/> Independent Distributor / Dealer	<input type="checkbox"/> IC Programming	<input type="checkbox"/> Other (please specify): _____		
<input type="checkbox"/> Broker	Value-Added Services Controlled by:			
<input type="checkbox"/> Other	<input type="checkbox"/> Internal Procedures	<input type="checkbox"/> Manufacturer Procedures		

Is your Storage Warehouse approved by the Defense Supply Center Columbus (DSCC)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are your company's Counterfeit Controls compliant with AS5553?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Describe your Counterfeit Controls (if applicable):			
Does your company have active membership in GIDEP and issue advisories / alerts for suspected / confirmed counterfeit parts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
% of Sales that are MIL-SPEC components:			



CREATION TECHNOLOGIES – Standard Procedure

Supplier Questionnaire


COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #
C-0002603

RevA
Page 8 of 8

APPROVALS

Sean Lotspeich
Vice President, Global Quality
I approved this document
2021-03-29 10:34 AM -05:00



HISTORY OF CHANGES

Revision	Authored/ Revised by	Summary of the Changes	Reason for the Change	Effective Date (YYYY-MM-DD)
A	John Gaspari	Updated manufacturing facility information, added broker to Category 2 suppliers and prototype product to Category 4, added a line for supplier to report previous audit findings, removed the optional survey, added footer to direct to supplier website. Made overall clerical and formatting modifications.	Improved and added important changes for clarity	2021-03-29
0	John Gaspari	Updates made based on C-0001394 initially controlled on Van site, but due to status change to global and storage in All Common Docs, a new document# had to be assigned. Separated the audit questions from the questionnaire on the suppliers over all business. Added more detailed questions related to the suppliers. Updated overall health and structure by specific sections from a detailed perspective. Initial release of the document into Document Bank under C-0001394 in Van site.	Released updated and improved global version of the document based on a local procedure	2019-12-17