



# Supplier Questionnaire Training

**creation**  
TECHNOLOGIES

# Supplier Questionnaire

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

- The supplier is required to answer each item in full as directed in the questionnaire.
- Comments fields should be filled in with supporting information as appropriate.
- The Questionnaire is divided into eight sections.
  1. CATEGORY
  2. STAFFING FACILITIES
  3. OPERATIONS CAPACITY
  4. FINANCIALS
  5. COMMERCIAL
  6. NEW PRODUCT DEVELOPMENT
  7. QUALITY SYSTEM
  8. DISTRIBUTER INFORMATION

# Supplier Questionnaire Sections

## 1. CATEGORY

This section contains general information about the supplier, as well as contact information.

Creation will complete the Supplier Category Classification within Section 1.

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		
Supplier Category / Classification	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)	

# Supplier Questionnaire Sections cont.

## 2. STAFFING/FACILITIES

The supplier enters information about the employees and the facility.

### 2.0 STAFFING / FACILITIES:

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

Is workforce unionized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
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Plant Area:	# of Buildings:	Primary Product / Commodity or Service:
<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		

## 3. OPERATIONS CAPACITY

The supplier will enter information about the capacity, lot size and the production shifts.

### 3.0 OPERATIONS CAPACITY:

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

Overall Capacity (%):	
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Normal Production Lot Size:	
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► Creation may request a DETAILED Manufacturing Equipment and Process List which may include a detailed inspection equipment list.

# Supplier Questionnaire Sections

## 4. FINANCIALS

The supplier will enter financial information including payment terms, ownership status, revenue percentages.

### 4.0 FINANCIALS:

Indicate your company's ownership status:	<input type="checkbox"/> Publicly held company	<input type="checkbox"/> Privately held company
If publicly held, stock symbol:	<input type="text"/>	

Indicate company's Financial D&B (or equivalent financial strength ratio):	<input type="text"/>
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Financial			Shipping					
Payment Terms: Min NET 60	<input type="text"/>		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):	<input type="text"/>
% Annual Sales for MEDICAL:	<input type="text"/>
% Annual Sales for AVIATION / AEROSPACE:	<input type="text"/>
% Annual Sales for AUTOMOTIVE / INDUSTRIAL:	<input type="text"/>
Expected Sales (current year):	<input type="text"/>
Projected Sales Growth (1 year out):	<input type="text"/>
Projected Sales Growth (2 years out):	<input type="text"/>
Projected Sales Growth (3 years out):	<input type="text"/>

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="text"/>	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	<input type="text"/>

List the percentage of revenue for supplied Product to Creation Technologies	<input type="text"/>
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# Supplier Questionnaire Sections

Between Sections 4 and 5 there are checkboxes for suppliers that are Distributors, Metrology Suppliers (Calibration), and Service Providers. These suppliers are able to skip some of the remaining sections in the questionnaire.

- 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. COMMERCIAL

The supplier answers questions about contracts and agreements.

### 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 your 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"/>	

## 5. NEW PRODUCT DEVELOPMENT

The supplier answers questions about new product development.

### 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"/>	

# Supplier Questionnaire Sections

## 7. QUALITY SYSTEM

This is the largest section of the questionnaire. QUALITY SYSTEMS covers the following:

- Supplier's certifications, regulatory compliance, and 3<sup>rd</sup> party audit questions.
- Production Part Approval (PPAP)
- Continuous Improvement
- Supplier Control and Management
- Engineering
- Part Cleanliness and FOD Control(Foreign Object Debris/Damage)
- Software Quality Control
- Business Systems
- Calibration Control
- Materials
- Special Process and Non-Destructive Testing





# Supplier Questionnaire Sections – Section 7 cont.

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"/>	<input type="checkbox"/>
7. Do you perform sampling inspection in-process? Record results?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
9. Do work instructions for operators and assemblers have revision history and signoff?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
11. Is there a Material Review Board (MRB) and corrective action system?	<input type="checkbox"/>	<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"/>	<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 damage?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3. Do you have ultrasonic cleaning equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have pressure wash capability?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
6. Do you have flexible bore scope equipment for difficult to access internal passages?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
2. Do you have documented procedures for implementing software quality?	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
5. Do you have software proprietary license control?	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
4. Indicate the brand name of your company's MRP / ERP system (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>
2. Do you have a gauge recall system in place? And a dropped gauge clause?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are gauges and inspection equipment traceable to a global standard?	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>

## Materials:

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

## Special Processes, Non-Destructive Testing:

► Please include a copy of any applicable 3<sup>rd</sup> 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"/>	<input type="checkbox"/>
AMS2759	Heat Treatment of Steel Parts	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
MIL-R-46082	Retaining Compounds, Single Component, Anaerobic	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
ASTM-E1444	Magnetic Particle Inspection	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

# Supplier Questionnaire Sections

## 8. DISTRIBUTOR INFORMATION

A Distributor will enter information about employees, the warehouse, services provided, support, and counterfeit control.

### 8.0 DISTRIBUTOR INFORMATION:

# of Employees -	Sales / Support	Quality	Operations	TOTAL

Type(s) of Products and/or Product Categories	
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Which Authorized Franchised Manufacturers are supported?	
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#### 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	<b>Value-Added Services Controlled by:</b>			
<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:			



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