**Instructions:** Please complete all sections and fields that apply to your organization. If a question is not applicable or confidential, please note that in the field. *Note: Please return the completed form in the Microsoft Word format. Creation will need to complete the form.*

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

1. **SUPPLIER INFORMATION**

|  |  |  |
| --- | --- | --- |
| Company Type**:** Manufacturer Distributor Independent Distributor / Broker  Services | | |
| Company Name: | | Phone: |
|  | |  |
| Street Address: | | Fax: |
|  | |  |
| City, State, Province, Country, Mailing Code: | | |
|  | | |
| Type of Organization (sole owner, partnership, corporation, subsidiary): |  | |

|  |  |
| --- | --- |
| Type(s) of Products | |
|  | Custom  Standard |
| Type(s) of Services | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Website: |  | | | | |
| Affiliations / Subsidiaries: |  | | | | |
|  | | | | | |
| Sales Contact for Creation: | | Title: | Phone Number: | | E-Mail Address: |
|  | |  |  | |  |
|  | | | | | |
| Accounts Contact for Creation: | | Title: | | Phone Number: | E-Mail Address: |
|  | |  | |  |  |
|  | | | | | |
| Quality Contact for Creation: | | Title: | Phone Number: | | E-Mail Address: |
|  | |  |  | |  |

**2.0 OPERATIONS CAPACITY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Employees: |  | Is workforce unionized? | Yes  No |
| Number of Shifts: |  | | |
|  | | | |
|  | | | |

**3.0 FINANCIALS:**

|  |  |
| --- | --- |
| Please indicate company’s ownership status: | Publicly held company  Privately held company |

|  |  |
| --- | --- |
| Please indicate company’s Financial D&B (or equivalent financial strength ratio): |  |
| DUNS #: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial** | | | | **Shipping** | | | | | |
| Payment Terms: Min NET 60 |  | | | Freight Terms: *DDP/DDU is preferred* | EXW | DDP | DAP | FCA | TBD |
| Invoice Currency | Select | Other: | | FOB |  | | | | |
| Payment Method | Check | Wire | Clearing | Ship Via |  | | | | |

**4.0 COMPLIANCE/LEGAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please affirm that the company and its affiliates, and their respective principle, directors, officers, employees, contractors, and owners are not sanctioned/debarred. | Yes | No | Comments: |  |
| Please affirm that the company and its affiliates do not use forced labor/human trafficking within their own company and to the best of their knowledge after reasonable inquiry, supply chain. | Yes | No | Comments: |  |
| Please affirm that the parts or raw materials that the company is delivering are not counterfeit. | Yes | No | Comments: |  |
| Please affirm that the company has performed a reasonable inquiry into the parts or raw materials origin confirming that they are not conflict minerals. | Yes | No | Comments: |  |
| Please affirm that there are internal controls for environmental sustainability. | Yes | No | Comments: |  |
| If Yes, please provide example(s): | | | | |
| Please confirm Cybersecurity Maturity Model Certification (CMMC) status:(Select only one of the following) | | | | |
| Has been certified by an accredited third-party CMMC assessor.  Has not been certified but is in process or intends to seek CMMC certification.  Does not intend to seek CMMC certification. | | | | |

**Annual Sales Percentages:**

Select the industry or industries serviced by the company:

|  |  |  |
| --- | --- | --- |
| Commercial/Consumer Goods | Industrial | Aviation/Aerospace |
| Medical | Automotive | Military |

**5.0 COMMERCIAL:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| 1. Does the company provide direct contract pricing (based on annual quantity with multiple deliveries)? |  |  |  |
| 2. Would the company enter into Long Term Agreements (LTA’s) and Vendor Managed Inventory Programs (VMI)? |  |  |  |

**6.0 NEW PRODUCT INTRODUCTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Development Support | **Yes** | **No** | **Comments** |
| 1. Does the company have new product development / launch / pilot-production capability? |  |  |  |
| 2. Does the company offer Engineering support for design, NPI, or ECN/PCN? |  |  |  |

**7.0 CERTIFICATION & PROCESS CONTROL:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| * ***The Supplier is required to notify Creation Technologies of changes to certification/registration status. Please reference the Product Change Notification section of the C-0002890 - Supplier Quality Requirements located https://www.creationtech.com/suppliers/*** | | | | | | | |
| Indicate Current Quality System Registration: | ISO 9001  AS9100 | ISO 13485  IATF 16949 | | Other(s), please specify: | | Certificate #(s): |  |
| Status: | Current |
| Certifying Registrar: |  | | | | |  | |
| FDA Registered?  (Food and Drug Administration) | YES  NO | | Registration #: | |  | Status: | Current |
| ITAR Registered?  (International Traffic in Arms Regulations) | YES  NO | | Registration #: | |  | Status: | Current |
| CGD Registered?  (Controlled Goods Directorate) | YES  NO | | Registration #: | |  | Status: | Current |
| UEI Registered?  (Cage Code) | YES  NO | | Registration #: | |  | Status: | Current |
| RoHS Certified? | YES  NO | | Certificate #: | |  | Status: | Current |
| NADCAP Certified?  (National Aerospace and Defense Contractors) | YES  NO | | Certificate #: | |  | Status: | Current |
| Other Certifications: |  | | Certificate #(s): | |  | Status: | Current |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the company have Special Processes or Non-Destructive testing?  *"A special process in manufacturing according to the ISO 9001 standards is defined as any process that could change a part’s material elements or physical integrity."* | | On-Site? | Subcontracted? |
| Please indicate which ones: |  | Yes  No | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Validation**  *Required for suppliers providing custom productor material (ISO 13485 or FDA) assemblies* | | | |
| Does the company perform process validation, specifically utilizing the IQ/OQ/PQ qualification methods? | **Yes** | **No** | **Comments** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supplier Performance Risk System (SPRS)  N/A | Score: |  | Comments: |  |
| Does the company have Production Part Approval Process (PPAP) capabilities? FAI? | Yes | No | Comments: |  |
| Does the company provide a C of C or C of A for parts if required? | Yes | No | Comments: |  |
| Does the company have a Continuous Improvement Program? | Yes | No | Comments: |  |
| Does the company have a Supplier Control and Management Process? | Yes | No | Comments: |  |
| Does the company have a Manufacturing Control and Inspection Process? | Yes | No | Comments: |  |
| Does the company have a Part Cleanliness / FOD Control (Foreign Object Debris/Damage) Program? | Yes | No | Comments: |  |
| Does the company have a Disaster Recovery Program? | Yes | No | Comments: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Creation Portal** | **Yes** | **No** | **Comments** |
| 1. Have you visited the Creation Supplier Website?  <https://www.creationtech.com/suppliers/> |  |  |  |
| 2. Have you read and reviewed Supplier Expectations and Code of Conduct; does the organization agree to follow it?  <https://www.creationtech.com/wp-content/uploads/2024/06/Supplier-Expectations-and-Code-of-Conduct.pdf> |  |  |  |

Service Provider: Complete Section 8.0

Distributor/Broker: Complete Section 9.0

**8.0 SERVICE PROVIDERS: (Example: Calibration, Maintenance, Equipment, Fixtures, Test Services, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are services in compliance with regulatory requirements as applicable? | Yes | No | Comments: |  |
| Does the company provide documented certification or validation of the service provided? | Yes | No | Comments: |  |
| Can the company provide, upon request, documentation to demonstrate personnel is qualified to perform the service(s)? | Yes | No | Comments: |  |
| Does the company provide a service warranty or contract for service provided? | Yes | No | Comments: |  |

**9.0 DISTRIBUTOR/BROKER INFORMATION:**

**Warehouse Locations:**

|  |
| --- |
| City, State, Province, Country |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Which regions is the company able to support? | | | |
| USA | Canada | Mexico | Asia |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Service | Type of Value-Added Services | | | |
| Authorized or Franchised Distributor  Independent Distributor / Broker  Manufacturer  Other | Kitting | Cable Assembly | Connector Assembly | Mil Screening |
| IC Programming | Tape and Reel | Other: | |
| Value-Added Services Controlled by: | | | |
| Internal Procedures | Manufacturer Procedures | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Storage Warehouse approved by the Defense Supply Center Columbus (DSCC)? | | YES | NO | N/A |
| Is the Company’s Counterfeit Controls compliant with AS5553? | | YES | NO | N/A |
| Describe Company´s Counterfeit/Fraudulent Product Controls (if applicable): |  | | | |
| Does the company have active membership in GIDEP and issue advisories / alerts for suspected / confirmed counterfeit parts? | | YES | NO | N/A |

**The following portions to be completed by Creation Technologies**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supplier Category / Classification |  | Category 1 |  | Manufacturer – Custom |
|  | Category 2 |  | Distributor – Independent  Manufacturer – Standard  Distributor – Franchised  Broker |
|  | Category 3 |  | Services – Production |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supply Chain Representative Review and Approval** | | | | |
| *If payment terms less than 60 days, authorization from the VP of Procurement is required to be attached.* | | | | |
| Name | Title | Location | Signature | Date |
|  |  |  |  |  |
| **Quality Representative Review and Approval** | | | | |
| Name | Title | Location | Signature | Date |
|  |  |  |  |  |
| Risk Analysis Assessment Result | |  | | |
| Actions to Mitigate Risk | |  | | |

*(Complete Risk Assessment on following Page)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Analysis Criteria** | **Assessment** | **Severity** | | |
| **Criteria** | **Select** | **1** | **2** | **3** |
| Type of Supplier | Choose an item. | Services | Distributor / Manufacturer | Broker |
| Location | Choose an item. | Local | Regional | Offshore |
| Sanctions | Choose an item. | No |  | Yes |
| Counterfeit Controls | Choose an item. | Yes |  | No |
| Controls for Environmental Sustainability | Choose an item. | Yes |  | No |
| CMMC Certified | Choose an item. | Yes | Compliant  Not Certified | Not Compliant  Not Certified |
| Accredited QMS Certification | Choose an item. | Yes | Compliant  Not Certified | Not Compliant  Not Certified |
| Process Validation using IQ/OQ/PQ | Choose an item. | Yes |  | No |
| Disaster Recovery | Choose an item. | Yes |  | No |
| Reviewed Requirements / Supplier Website | Choose an item. | Reviewed and Agreed | Visited Website Only | Has not Reviewed and / or Does not Agree |
|  | | | | |
| Risk Total  *(Add risk points and reference below for recommendation)* |  | Low | Moderate | High |

|  |  |  |
| --- | --- | --- |
| **Risk Definition** | | |
| **10 – 14 Points**  **Low** – Unlikely to result in non-compliance, escape, or breach. No action required. | **15 – 22 Points**  **Moderate** – Potential to result in non-compliance, escape, or breach. Mitigation action recommended. Action required if conditions worsen. | **23 – 30 Points**  **High** – Likely to result in non-compliance, escape, or breach. Immediate action required |

|  |  |
| --- | --- |
| **Actions to Mitigate Risk (may include but are not limited to):** | |
| Supplier CAPA (SCAR) | Review / Training Session with Supplier |
| Discussion with Legal Team | Supplier Monitoring |
| Supplier Development | Supplier Audit |

*Note: Mitigation action may be initiated prior to meeting the High-Risk range as deemed fitting.*

**APPROVALS**

**HISTORY OF CHANGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revision** | **Authored/ Revised by** | **Summary of the Changes** | **Reason for the Change** | **Effective Date (YYYY-MM-DD)** |
| D | Kelly Menze | Remove of SOA and questionnaire as requirement for supplier approval, risk assessment tool added. | Merge of this document with SOA form, structure changes for clarity | 2025-01-17 |
| C | Kelly Menze | Updated section 7 for certification and registration information | The questionnaire will be the record for supplier certification information | 2023-03-17 |
| B | Kelly Menze | Updated section 1.0-1.8 to simplify and clarify the form. | General improvements | 2022-09-02 |
| A | John Gaspari | Updated manufacturing facility information, added broker to Category 2 suppliers and protype 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 |