



Supplier Self-Assessment Questionnaire (075F0031)

This form is a guide for selecting suppliers. The criteria listed below helps Orchid Monroe, LLC determine the right fit for partners to do business. Scoring is based on a scale from 1 to 5. 1 means that the supplier doesn't fit the criteria, and 5 means that the organization fits the criteria very well.

Supplier Selection Criteria

Supplier Name:	Contact:	Date Sent:
Telephone:	FAX:	Website:
Year Established:	No. Employees:	Union Status:
Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Material Supplier <input type="checkbox"/> Service Provider <input type="checkbox"/> Freight <input type="checkbox"/> Laboratory/Calibration <input type="checkbox"/> Prototype <input type="checkbox"/> Tooling <input type="checkbox"/>		
Checkmark the quality system for which your company has a third-party registration: ISO 9001 <input type="checkbox"/> ISO/TS 16949 <input type="checkbox"/> IEC/ISO 17025 <input type="checkbox"/> AS9100 <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>		
Note: If your company has a third-party registration for ISO 9001 or ISO/TS 16949, please attach a copy of the certificate, skip the following questions and go to "Orchid Monroe, LLC Specific Questions" on page 4. Otherwise continue.		
Please include certificate for compliance of the following: RoHS <input type="checkbox"/> Reach <input type="checkbox"/> Conflict Minerals (Must provide most recent version of CMRT) <input type="checkbox"/>		
Please "checkmark" the following questions (for each question, please checkmark <u>all applicable</u> answers such as "implemented" or "yes" and/or "documented" or "no" or only "not answered")		

	Criteria	Implemented/ Documented/Not Answered	Score	Comments
1	Does your organization have systems in place for:			
1a	Document control?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
1b	Receiving, in-process, and final inspection of products?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
1c	Control of records?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
1d	Track and implement continuous improvement?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
2	If applicable, will your company supply with all shipments certificates of compliance or certificates of analysis or inspection reports?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		

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3	Do labeling and markings on individual product packaging include product identification, lot number (if applicable), labels and markings to meet regulatory and statutory requirements?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
4	Does your company have a system in place that ensures that:			
4a	Inspection, Measuring and Test Equipment is calibrated against a measuring standard traceable to NIST?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
4b	Calibration records are maintained?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
5	Do you have a system in place that ensures that your customers:			
5a	Specific requirements are addressed including Advanced Quality Planning, trial runs, process capability, and error-proofing?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
5b	Are informed in advance of changes to product specifications, incl. packaging?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
5c	Receive advanced information of changes to required delivery dates/quantities ordered?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
6	Does your company's system provide for:			
6a	Product traceability through all stages during production?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
6b	Identification of inspection status of products?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
7	Does your company's operational system provide for the control of nonconforming products to ensure:			
7a	Their clear identification?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
7b	Their segregation to prevent unintended use?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
7c	Their investigation to identify and eliminate root cause?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
8	Does your company have a Corrective Action System in place to:			
8a	Eliminate product nonconformity?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		

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8b	Take effective action on customer complaints?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
8c	Define root causes of nonconformities and deficiencies?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
8d	Monitor and verify that corrective action was effective?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
9	Does your company have a policy in place for customer returns of:			
9a	Non-conforming products?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
9b	Is this policy communicated to all your customers?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
10	Does your company have systems in place:			
10a	For effective control of inventories of raw materials?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
10b	For effective production planning as per customer requirements?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
10c	To ensure traceability (back to raw material origin) of products sold?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
10d	To ensure proper inventory rotation that guaranties "first-in / first-out"?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
11	Does your company have systems in place which ensure the use of appropriate packaging for storage, transportation, including handling and the protection and preservation of products until final destination?	<input type="checkbox"/> I <input type="checkbox"/> N/A <input type="checkbox"/> D		
12	If your company is not currently ISO certified, do you have a plan to attain certification? (Provide target date)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
13	Is your company certified or approved as a source by any major automotive, medical device, or military customer? (provide names and evidence of certification)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
14	In case it is Orchid Monroe, LLC's intention to conduct a quality audit at your facility, would you agree that Orchid Monroe, LLC - after previous consultation with your authorized staff and mutually agreed date and time - performs a quality audit, which would include the before mentioned issues?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		

15	Has your company had any incidents of premium freight in the past two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
Orchid Monroe, LLC Specific Questions				
16		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
17		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
18		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
19		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		
20		<input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No		

General Observations:

Comments:

After you have entered the necessary information to complete this questionnaire, print and distribute it to collect the signatures and dates that you need for approval.

Signatures for Approval

Purchasing Manager: _____ **Date:** ____ / ____ / ____

QA Manager: _____ **Date:** ____ / ____ / ____

Project/Engineering Manager: _____ **Date:** ____ / ____ / ____

Attendee: _____ **Date:** ____ / ____ / ____

Attendee: _____ **Date:** ____ / ____ / ____

Attendee: _____ **Date:** ____ / ____ / ____

FOR ORCHID MONROE, LLC USE ONLY BELOW THIS LINE

Purchasing Supplier Classification:

Financial Accounting (A) BOM (B) Contracts (C) Employee (E) Freight (F)
Human Resource (H) MRO (M) One Time (N) Secondary (O) Project (P)
Service (S) Tool/Die Maker (T) Utilities (U)

Quality Supplier Classification:

Automotive Production (1) Non-Automotive Production (2) Prototype (3)
Tool/Die Maker (4) Automotive Service (5)

Approval Type:

Provisional Approved Customer Designated Preferred Disqualified