



Supplier Self-Assessment Questionnaire (075F0031)

This form is a guide for selecting and qualifying suppliers. The criteria listed below helps Orchid Monroe, LLC determine the right fit for partners to do business. All sections must be completed as directed without exception. If a section does not apply, please mark accordingly. Complete all sections as directed by the section description or as directed by the questions. Requested copies of documents must be supplied with your response. Incomplete surveys will be rejected and this may jeopardize your standing as a supplier to Orchid Monroe, LLC.

Your time and effort to complete the survey are appreciated and provide Orchid Monroe, LLC with the necessary information to expedite evaluation of suppliers with minimal resource on the part of the supplier. We value your time and resources.

Supplier Selection Criteria

Section 1 – Company Information

Supplier Name:	Contact:	Date Sent:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Telephone:	FAX:	Website:
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Year Established:	No. Employees:	Union Status:
Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/> NON-UNION <input type="checkbox"/> UNION – NOTE CONTRACT EXPIRATION DATE: Click or tap to enter a date.
Business Type:		
<input type="checkbox"/> MANUFACTURER/PROCESSOR	<input type="checkbox"/> AUTHORIZED DISTRIBUTOR	<input type="checkbox"/> TEST LAB / CALIBRATION SERVICE
<input type="checkbox"/> SALES/RETAIL AGENCY	<input type="checkbox"/> SERVICE ONLY PROVIDER	<input type="checkbox"/> FREIGHT
<input type="checkbox"/> PROTOTYPE	<input type="checkbox"/> TOOLING	
OTHER (DESCRIBE)	Click or tap here to enter text.	
SBA BUSINESS PROFILE (CHECK ALL THAT APPLY)		
<input type="checkbox"/> WOMAN OWNED SMALL BUSINESS	<input type="checkbox"/> HUBZONE	<input type="checkbox"/> 8A BUSINESS DEVELOPMENT PROG
<input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED BUSINESS	<input type="checkbox"/> SMALL DISADVANCED BUSINESS	<input type="checkbox"/> N/A
Are you a subsidiary of another organization? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please list parent company name, address, phone and web site:	Click or tap here to enter text.	

Confidential

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Date Published: 05/22/18

Top Management Information

	President/Owner Name	Quality Management Representative / Contact	Manufacturing Manager
Name	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Email	N/A	Click or tap here to enter text.	Click or tap here to enter text.
Phone	N/A	Click or tap here to enter text.	Click or tap here to enter text.

Section 2 – Quality Management System Accreditations

Checkmark the quality system for which your company has a third-party registration (please attached a copy of all certifications):

	<u>STANDARD</u>	<u>CERTIFICATE EXPIRATION DATE</u>	<u>UPGRADE TO CURRENT STANDARD PLANNED?</u>
<input type="checkbox"/>	ISO 9001:2008	Click or tap to enter a date.	<input type="checkbox"/> YES BY: Click or tap to enter a date. <input type="checkbox"/> NO
<input type="checkbox"/>	ISO:9001:2015	Click or tap to enter a date.	
<input type="checkbox"/>	ISO/TS 16949	Click or tap to enter a date.	<input type="checkbox"/> YES BY: Click or tap to enter a date. <input type="checkbox"/> NO
<input type="checkbox"/>	IATF 16949:2016	Click or tap to enter a date.	
<input type="checkbox"/>	AS9100C	Click or tap to enter a date.	<input type="checkbox"/> YES BY: Click or tap to enter a date. <input type="checkbox"/> NO
<input type="checkbox"/>	AS9100D	Click or tap to enter a date.	
<input type="checkbox"/>	ISO/IEC 17025:2005	Click or tap to enter a date.	<input type="checkbox"/> YES BY: Click or tap to enter a date. <input type="checkbox"/> NO
<input type="checkbox"/>	ISO/IEC 17025:2017	Click or tap to enter a date.	
<input type="checkbox"/>	NADCAP	Click or tap to enter a date.	Scope: Click or tap here to enter text.
<input type="checkbox"/>	OTHER (DETAILS)	Click or tap here to enter text.	

Note: If your company has a current third-party registration for ISO 9001, AS9100 or IATF/ISO/TS 16949, please attach a copy of the certificate, and you may skip Section 3 and go on to Section 4.

Section 3 – Non-certified quality systems – If your organization is not certified to ISO 9001, TS/IATF 16949 or AS9100 (or ISO 17025 for testing labs), you must complete this section in full.

Criteria	Yes	No	Scoring (to be completed by Orchid only)
1. The quality system is established, documented and maintained accordingly to the requirements as appropriate to the scope of the business. Documented information is required. Records required.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
2. Documented processes needed for the quality system and their application throughout the organization is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
3. Documented information of assignment of the responsibilities and authorities for the processes is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE

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4. Documented information is maintained to support the operation of its processes.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
5. Documented information is retained to ensure that the processes are being carried out as planned.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Leadership			
6. Does top management in your organization review the quality system periodically for effectiveness and ensuring the quality system achieves its intended results?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
7. Do the quality system reviews address quality related feedback from customers and internal quality metrics? Are records retained?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
8. Is top management in your organization committed to providing the needed resources to accomplish the quality objectives as well as the strategic direction of the organization?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
9. Do you have a system in place to evaluate and/or enhance customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
10. Product and service conformity and on-time delivery performance are measured, and appropriate action is taken if planned results are not achieved.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
11. Are the responsibilities and authorities for relevant roles defined and communicated within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
12. Quality performance targets of the quality management system are defined and monitored for improvements (improving products and services to meet requirements and address future needs/ expectations, correcting/ preventing undesired effects).	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
13. Is there a specific member of your organization's management, who is designated management representative, who has the responsibility and authority for oversight of the quality system?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
People – Organizational Knowledge			
14. Are the personnel performing assigned tasks selected and qualified based on proper education, training and/ or experience?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
15. Do you retain documented information as evidence of competence for personnel affecting quality?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Contract/ Purchase Order Review			
16. Do you have a documented process in place for contract/ purchase order review?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
17. Do you review incoming contract/ purchase order(s) to ensure that you are capable of meeting the requirements for products and services defined?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
18. Do you review incoming contract/ purchase order changes?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
19. When a customer does not provide a documented statement of their requirements, how you confirm the customer requirements prior to acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Purchasing			
20. Are sub-suppliers selected based on their ability to meet specifications and requirements?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
21. Is an approved list of sub-suppliers maintained?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
22. Do purchase orders contain data clearly describing the product or service ordered?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE

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Criteria	Yes	No	Scoring (to be completed by Orchid only)
23. Is there a method of evaluation of the products purchased?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Process Control			
24. Is there a documented process that defines the method for controlling manufacturing maintained?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
25. Do you prepare, maintain and monitor documented information for manufacturing activities to be performed and results to be achieved (e.g., manufacturing plans, control plans, traveler, router, work order, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
26. When special processes are required, are they documented to ensure that all specifications are met?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
27. Special processes have defined criteria and approval of the process, equipment and qualification of personnel.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
28. Do you perform validation, and periodic revalidation, of the ability to achieve planned results of the special processes for production and service provision, where resulting output cannot be verified by subsequent measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
29. Are inspection resources available for incoming inspections?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
30. Inspected material is adequately identified as to acceptance or rejection and traceable to receiving inspection report. Records retained.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
31. Do you implement monitoring and measuring activities to verify that criteria for control of outputs and acceptance criteria for products and services have been met? Documented information retained?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
32. Is documented information on each piece of measuring or test equipment retained?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
33. Are the production and technical processes planned and executed under controlled conditions?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Product Identification and Traceability			
34. Do you have a process to identify and trace the product adequately from receiving and during all levels of production and distribution?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
35. Do you positively identify all products throughout all processing stages?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
36. Do you ensure traceability between your supplier/ mill and your customers?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Control of Inspection, Measuring and Test Resources			
37. Are needed resources provided to ensure valid and reliable results when monitoring or measuring is use to verify conformity of products and services to requirements?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
38. Is documented information retained as evidence of fitness for monitoring and measurement resources?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
39. Is there a documented <i>process</i> to control, calibrate, and maintain all inspection, measuring, and test equipment that can affect product quality, including test software and personally owned equipment, and Tri Star Metals, LLC supplied equipment/tools?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
40. Are the calibrations made on equipment traceable to internationally or nationally recognized standards?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
41. Is the equipment identified to illustrate the calibration status?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
42. Do you assess the validity of previous inspection results when equipment is found to be faulty or out of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
43. Do you recall the product for re-inspection when the assessment indicates the result may be a nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE

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Criteria	Yes	No	Scoring (to be completed by Orchid only)
Internal Audit			
44. Is there a documented process to plan and implement an internal quality audit system?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
45. Are audits performed using written procedures and checklists?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
46. Are audit results documented and reviewed by management?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
47. Are audits documented and kept on file?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Control of Nonconforming Outputs			
48. The supplier shall ensure that outputs that do not conform to their requirements are defined and controlled to prevent their unintended use or delivery.	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
49. Is there a system in place to notify customers of potential nonconforming material?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
50. Is there a documented process for the handling and disposition of nonconforming material until it is dispositioned?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
51. Is conformity to the requirements verified when nonconforming outputs are corrected?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
52. Is product dispositioned for scrap positively identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
Corrective Action			
53. Is there an established and maintain documented process to implement corrective action on the product?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
54. Subsequent actions taken and the results of any corrective action(s) are retained?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
55. Does your company use corrective action for continual improvement purposes?	<input type="checkbox"/>	<input type="checkbox"/>	SCORE
TOTAL			0

LOW (NO ACTION REQUIRED)	MEDIUM (ACTION AT MGMT CHOICE)	HIGH (RISK ACTION PLAN REQ'D)
0-8	9-15	16 OR GREATER

Section 4 – Risk Analysis – This section is to address areas of potential risk. Completion of the section is mandatory. Please respond to all questions.

QUESTION	SCORING CATEGORIES	SCORE (TO BE COMPLETED BY ORCHID)
1. Do you track on-time delivery? If yes, select your current on-time delivery performance.	<input type="checkbox"/> 95% on-time or better (0) <input type="checkbox"/> 85-95% on-time or better (2) <input type="checkbox"/> 70-85% on-time or better (3) <input type="checkbox"/> Less than 70% on-time. (5) <input type="checkbox"/> Do not track on-time delivery (10)	Choose an item.
2. Rejection rate from your customers i.e. amount of product returned as a percentage of weight shipped or negative feedback rate.	<input type="checkbox"/> <1% (0) <input type="checkbox"/> 1 to 2% (2) <input type="checkbox"/> >2% (7) <input type="checkbox"/> Do not track (10)	Choose an item.
3. Capacity – What percentage of your current capacity is consumed by current business?	<input type="checkbox"/> <60% (0) <input type="checkbox"/> 60-90% (2) <input type="checkbox"/> Greater than 90% (5)	Choose an item.
4. Business continuity plan – does your organization have a comprehensive business continuity plan / succession plan in effect?	<input type="checkbox"/> YES (0) <input type="checkbox"/> Working on one with a defined end date. (2) <input type="checkbox"/> NO (5)	Choose an item.
5. Proximity to Orchid Monroe, LLC	<input type="checkbox"/> NORTH/CENTRAL AMERICA (0) <input type="checkbox"/> SOUTH AMERICA/WESTERN EUROPE/EAST ASIA (2) <input type="checkbox"/> OTHER (INCLUDING INDIA AND RUSSIA) (5)	Choose an item.
6. Is your organization certified by an independent registrar to an internationally recognized quality system standard such as ISO 9001, IATF 16949 or AS9100?	<input type="checkbox"/> YES (0) <input type="checkbox"/> WORKING ON CERTIFICATION AND HAVE A DEFINED DATE FOR CERTIFICATION (2) <input type="checkbox"/> NO (10)	Choose an item.
TOTAL		0

LOW (NO ACTION REQUIRED) 0 TO 4	MEDIUM (ACTION AT MGMT CHOICE) 5 TO 9	HIGH (RISK ACTION PLAN REQ'D) 10 OR GREATER
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Section 5 – Supplier Quality Agreement – Completion of the section is mandatory.

Go to <http://www.orchidinternational.com/company/suppliers.htm> and review document 075P0002: Supplier Quality Assurance Manual. Do you acknowledge that you have read, understand and will fully comply with the Supplier Quality Assurance Manual?

- YES
 YES – WITH EXCEPTIONS
 NO (THIS MAY DISQUALIFY YOU AS A SUPPLIER.

List any exception(s). Understand that exceptions may disqualify you as a supplier to Orchid Monroe, LLC.

Click or tap here to enter text.

Comments: Click or tap here to enter text.
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Completed by: Click or tap here to enter text.	Title: Click or tap here to enter text.	Date: Click or tap to enter a date.
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Please attach supporting documentation and submit to mstage@orchidmonroe.com.

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

Supplier Risk Assessment

1. Section 3 – Supplier QMS risk rating: LOW MEDIUM HIGH
2. Section 4 – Supplier Risk Rating: LOW MEDIUM HIGH

RISK MITIGATION PLAN: Click or tap here to enter text.
RISK MITIGATION RESULTS AND EFFECTIVENESS: Click or tap here to enter text.
RISK PLAN APPROVED (Signature and date):

Approval Type:

Provisional Critical Critical Backup Customer Designated
Preferred Disqualified QMS Temporarily Approved

Signatures for Approval

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