



TITLE: <b>Supplier Evaluation</b>	
DOCUMENT #: 1001147	REV #: <b>M</b>
DOCUMENT CLASS: <b>K-PURCH FRM</b>	
RESPONSIBLE DEPT: <b>Purchasing</b>	REF. QMS <b>7.4.1</b>

Purpose of this Document:      **Supplier Evaluation**

Document Applies to:        Quality Assurance and Purchasing

## *Supplier Self Evaluation*

This evaluation is intended to assess your capabilities to satisfy our customers. The information supplied will be treated as confidential. K&L Microwave feels strongly that we must work together to ensure our customer's needs are met as we continue to improve the goods we produce. This can only be accomplished through effective communications and working closely together.

This form will be reviewed by K&L Microwave and may be followed up by an on-site survey. This self-evaluation may be used for both new and existing suppliers.

### Supplier Identification

**Please Print**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Street**
**City**
**State**
**Zip Code**

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Quality Contact and e-mail address:** \_\_\_\_\_

### **General Information:**

How long has your company been in business? \_\_\_\_\_

Primary Business? \_\_\_\_\_

What type of organization? \_\_\_\_\_ (Corporation / Partnership / LLC / sole proprietorship, etc.)

Division of: \_\_\_\_\_ Subsidiary of: \_\_\_\_\_

Number of employees at the above mentioned location: \_\_\_\_\_

Number in Manufacturing: \_\_\_\_\_ Engineering: \_\_\_\_\_ Quality: \_\_\_\_\_ Are you a Union Shop \_\_\_\_\_ (y or n)

What are the core competencies of your organization? \_\_\_\_\_

\_\_\_\_\_



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**Organizational Structure (please include name and email address):**

President \_\_\_\_\_  
 Vice President (Operations) \_\_\_\_\_  
 Quality Manager \_\_\_\_\_  
 Engineering Manager \_\_\_\_\_  
 Manufacturing Manager \_\_\_\_\_  
 Materials Manager \_\_\_\_\_  
 Who is your primary contact person for K&L Microwave? \_\_\_\_\_

**Customers:**

List Your Top Five Customers:

Name	% of Your Business
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

What is your Total Annual Sales? \_\_\_\_\_

What per cent of your business is: \_\_\_\_\_ Military? \_\_\_\_\_ Commercial?

Are you currently shipping products to K&L Microwave? \_\_\_\_\_

Do you have International customers? \_\_\_\_\_ (yes or no) If so, in what countries? \_\_\_\_\_

Are you currently involved in any litigation or pending lawsuits? \_\_\_\_\_ (yes or no)  
 If yes, please explain \_\_\_\_\_

**Does your company fall under any of the categories listed below?**

	YES	NO
Small Business Concern		
Small Disadvantaged Business Concern		
Veteran-owned Small Business		
Service-Disabled Veteran-owned Small Business		
Women-owned Small Business Concern		
Minority Owned Small Business Concern		
HUB Zone		

If you are considered a "Large Business Concern", do you have a "Small Business Plan"? \_\_\_\_\_



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**Quality:**

Do you have a documented **QMS** (Quality Management System)? \_\_\_\_\_

Is your **QMS** certified to ISO9001: 2000 or AS9100? \_\_\_\_\_

**Please attach or forward a copy of your registration certificate (s).**

Original registration date (s): \_\_\_\_\_

Who does the Quality Manager report to? \_\_\_\_\_

Describe your continuous improvement program including specific uses of SPC techniques? \_\_\_\_\_

Can you accommodate the exchange of information Electronically (i.e. CAD/CAM)? \_\_\_\_\_

What kind of data/software do you support? \_\_\_\_\_

**Manufacturing:**

What is your On-time delivery to your customers (on average)? \_\_\_\_\_

What is current capacity % \_\_\_\_\_ How many shifts? \_\_\_\_\_

What is your yield at Final Inspection? \_\_\_\_\_

What is your First Pass yield? \_\_\_\_\_

What are your lead-times (on average)? \_\_\_\_\_ Are your lead-times stable? \_\_\_\_\_

If a schedule change is required, how many advance workdays notice do you need? \_\_\_\_\_

Can you facilitate warehousing of finished products until it is needed in our facility? \_\_\_\_\_

Have your costs increased or decreased over the past two years? \_\_\_\_\_ By how much? \_\_\_\_\_

How often do you recommend cost saving techniques to your customers?

**Frequently** \_\_\_\_\_ **Rarely** \_\_\_\_\_ **Never** \_\_\_\_\_ **Other** \_\_\_\_\_

Do you use an **MRP** system to manage parts? \_\_\_\_\_

Do you utilize sub-contractors or outsource any of your work? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

What is the primary or key technology incorporated in your products? \_\_\_\_\_

Is your technology proprietary? \_\_\_\_\_



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**Environmental:**

Do you have an Environmental Management System (EMS)? \_\_\_\_\_ Is your EMS certified to ISO14001: 2000? \_\_\_\_\_ **Please attach or forward a copy of your registration certificate.**

Do you have an environmental policy? \_\_\_\_\_ If so, **please attach or forward a copy of your policy**

Have you identified your significant environmental aspects (i.e. activities, products, or services that may impact the environment)? \_\_\_\_\_

Does your manufacturing facility meet environmental legal requirements? \_\_\_\_\_

Do your products supplied to K&L Microwave meet European ROHS directive? \_\_\_\_\_

\_\_\_\_\_

Do you have any special waste disposal issues? \_\_\_\_\_

**NOTE: FOR THE FOLLOWING SECTIONS, PLEASE PROVIDE DOCUMENT TITLE, NUMBER AND REVISION LEVEL WHERE APPLICABLE.**

**4.2.3 Control of Documents**

1. Does your company/ organization have a Quality Manual that describes the interaction of the processes in the management system? \_\_\_\_\_ Document no. and Rev level \_\_\_\_\_
2. How are documents reviewed and approved prior to issue (i.e. drawings, work instructions, quality manual, documents of external origin, etc.) \_\_\_\_\_
3. How are documents identified as the most current? \_\_\_\_\_
  - a. Is there a master list of documents identifying current status? \_\_\_\_\_
4. How do you ensure that appropriate documents are available at all locations where they are needed? \_\_\_\_\_
5. How are obsolete documents removed from points of use? How are they identified as obsolete? \_\_\_\_\_

**K&L requires all suppliers to maintain Quality records per their QMS certification or if not certified to notify purchasing agent to arrange for the records to be sent to K&L.**



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**6.2.2 Competence, Awareness, and Training**

1. How are training needs identified for all personnel? \_\_\_\_\_  
\_\_\_\_\_
2. How is required training provided and how are records of it maintained? \_\_\_\_\_  
\_\_\_\_\_

**7.3.4 Design and Development**

1. How do you control and verify the design of your product(s) to ensure that the specified requirements are met? \_\_\_\_\_
2. How are design reviews conducted and how are they documented in accordance with the design plan? \_\_\_\_\_
  - a. What functional departments participate in design reviews? \_\_\_\_\_

**7.4.1 Purchasing**

1. How are incoming purchase orders reviewed either prior to submission of a tender or at acceptance of the order to ensure that your facility has the capability to meet the requirements of the order? \_\_\_\_\_
2. Is there a procedure for ensuring that purchase order changes are correctly communicated within your organization? \_\_\_\_\_ How is the information conveyed? \_\_\_\_\_
3. How do you evaluate suppliers and do you monitor their performance including any specific Quality Assurance requirements? \_\_\_\_\_
4. Do you have a list of approved suppliers? \_\_\_\_\_ Who maintains this list? \_\_\_\_\_
5. How do you review and approve purchasing documents prior to release? \_\_\_\_\_
6. What is your standard turnaround time for quoting? \_\_\_\_\_



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**7.5.2 Production**

1. Are personnel provided with work instructions and workmanship standards? \_\_\_\_\_ Is it documented? \_\_\_\_\_
2. How is suitable production maintained to ensure continuing process capability? \_\_\_\_\_  
\_\_\_\_\_
3. Are there preventive maintenance procedures in place? \_\_\_\_\_ Are these procedures documented? \_\_\_\_\_
4. How is the inspection and test status of product identified? \_\_\_\_\_  
\_\_\_\_\_
5. How is inspection and test status maintained throughout production, installation, and servicing (where applicable), to ensure that only product that meets the applicable quality requirements is used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8.2.4 Control of Monitoring and Measurement Devices**

1. What documented procedures are in place for the control of inspection, measuring, and test equipment?  
\_\_\_\_\_
2. How is all inspection, measuring, and test equipment that can affect product quality identified, calibrated, and adjusted at prescribed intervals? \_\_\_\_\_  
\_\_\_\_\_
  - a. Is this done internally or externally? \_\_\_\_\_ If externally, by whom? \_\_\_\_\_
  - b. Who is responsible for equipment recall? \_\_\_\_\_
3. What safeguards are in place to ensure that the calibration of inspection, measuring and test equipment and test software remains valid? \_\_\_\_\_  
\_\_\_\_\_

**8.3 Control of Non-conforming Product**

1. How is nonconforming product identified and how is it segregated to prevent unintended use or installation?  
\_\_\_\_\_
2. How are non-conformances documented? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**8.5.2 Corrective Action and 8.5.3 Preventive Action**

1. What system do you have in place for handling customer complaints? \_\_\_\_\_  
\_\_\_\_\_
2. What controls are in place to ensure that corrective action is taken and that it is effective? \_\_\_\_\_  
\_\_\_\_\_
3. What controls are in place to ensure that preventive action is effective? \_\_\_\_\_  
\_\_\_\_\_

**Supplement 1-Counterfeit Avoidance Plan/Policy**

1. Does your company have a Counterfeit Parts Avoidance Plan/Policy in place that meets the requirements of SAE AS5553? \_\_\_\_\_ Describe the plan or attach a copy, if available. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you aware of the K&L Microwave counterfeit Parts Avoidance Plan/Policy? [Available at [www.klmicrowave.com](http://www.klmicrowave.com) under Supply Chain Management tab]. \_\_\_\_\_

**Form Completed by:**

<b>Print name</b>	<b>Title</b>
<b>Signature</b>	<b>Date</b>

**NOTES:**

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**For K&L Microwave Internal Use Only Below**

Reviewed and approved by: \_\_\_\_\_ Date: \_\_\_\_\_