



### SUPPLIER PROFILE QUESTIONNAIRE

If your company is interested in becoming a supplier to Ampco Manufacturers Inc., we require that the following be completed:

#### COMPANY PROFILE

Company Name: \_\_\_\_\_  
 Key Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

#### KEY PERSONNEL

1. Senior Company Official: \_\_\_\_\_  
 Title: \_\_\_\_\_
2. Senior Quality Official: \_\_\_\_\_  
 Title: \_\_\_\_\_
3. Senior Sales & Marketing Official: \_\_\_\_\_  
 Title: \_\_\_\_\_

Principal Products/Services: \_\_\_\_\_

Type of facility: Manufacturing  Distribution  Others (Please Specify) \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Total Production: \_\_\_\_\_ Total Quality: \_\_\_\_\_ Others: \_\_\_\_\_

Top Three Major Customers (Local): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Top Three Major Customers (Export): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_

#### PRODUCTION CAPABILITIES

Number of facilities: \_\_\_\_\_ Location of facilities: \_\_\_\_\_

Facility Size (sq. ft.): \_\_\_\_\_ Owned or Leased: \_\_\_\_\_

Current Work Days/Week: \_\_\_\_\_ Maximum Days/Week: \_\_\_\_\_

Current Shifts/Day: \_\_\_\_\_ Maximum Shifts/Day: \_\_\_\_\_

Current Production Capacity Utilized (%): \_\_\_\_\_ Expansion Plans? (year/sq. ft.): \_\_\_\_\_

Percentage of Production Capacity limited to a single customer: \_\_\_\_\_

Percentage of Business Volume limited to your top 5 customers: \_\_\_\_\_

List special production capabilities: (machining, welding, stamping, design, test, etc.): \_\_\_\_\_

Do you track delivery performance? Yes  No

If yes, will you provide performance data? Yes  No

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**QUALITY ASSURANCE SYSTEM**

Do you have a formal, documented Quality System? Yes  No

If yes, which model is your Quality System based on? TS16949  ISO9001  Other : \_\_\_\_\_

**Please attach:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Copy of Certificate of Registration of the Quality System | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Quality Policy  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Organization Chart  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Company Profile/Brochure                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Product Literature/Brochure                               | <input type="checkbox"/> | <input type="checkbox"/> |

**Note: If you answer yes to # 1 above – “Copy of Certificate of Registration” disregard the Quality System Survey below.**

<b>QUALITY SYSTEM SURVEY</b>	Yes	No
Do you have a Quality Policy?		
Do you have a formal Organizational Chart?		
Do you have procedure for Contract Review and Amendments to a Contract?		
Do you provide the following certificates of 1 <sup>st</sup> Article Inspection, when required?		
<input type="checkbox"/> Certificate of Compliance		
<input type="checkbox"/> PPAP		
Do you have a document and data control system?		
Is there a system to ensure that information on current customer requirements is available to manufacturing personnel?		
Are you using a team approach to Quality Planning?		
Is there a system to ensure that materials or products are clearly identified during all stages of production?		
Are Work Instructions documented and available in all work stations?		
Are inspection requirements documented and performed at:		
<input type="checkbox"/> Receiving Inspection		
<input type="checkbox"/> In-Process Inspection		
<input type="checkbox"/> Final Inspection		
Are Inspection, Measuring and Test Equipment (IMTE) calibrated on a periodic basis?		
Is there a procedure to ensure that acceptance of materials or products is clearly defined?		
Is there a procedure for handling nonconforming materials or products?		
Is there a system of corrective and preventive action to eliminate and prevent the cause of nonconformance?		
Are materials handling, storage, packaging, preservation and delivery controlled?		
Are records of inspection and process control maintained?		
Do you have a Continuous Improvement program?		
Is training of personnel documented?		
Do you have any after-sales product servicing available for your customers?		
Do you use statistical techniques in establishing, controlling or verifying process capability?		

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**MATERIALS MANAGEMENT**

The mission of the Materials Management organization is to enhance the overall competitiveness of the entire supply chain, by partnering with our supply base to drive operational excellence. Specifically we will emphasize year over year cost reductions, to support productivity, supplier quality, delivery and flexibility.

**SUPPLIER INFORMATION COMPLIANCE INFORMATION**

Document your company's ability to meet the requirements of each of the sections below by checking either Yes or No.

- Registered Quality Certifications Yes  No
- Part Qualification Yes  No
- Non-Conforming Material Yes  No
- Premium Freight Yes  No
- Supplier Performance Rating System Yes  No
- REACH Compliance Tracking Yes  No
- ROHS Compliant (July 1, 2006) Yes  No
- Employee Work Safe Conditions Yes  No

**SUPPLY CHAIN SECURITY & CTPAT COMPLIANCE**

C-TPAT Reference: [http://www.cbp.gov/xp/cgov/trade/cargo\\_security/ctpat/security\\_criteria/](http://www.cbp.gov/xp/cgov/trade/cargo_security/ctpat/security_criteria/)

Is your company a C-TPAT member?

Yes - If Yes, Please provide Company CTPAT Contact Name: \_\_\_\_\_  
include copy of C-TPAT Certificate and SIV # \_\_\_\_\_

No - If No, will your company apply and when \_\_\_\_\_

Does your company participate in other internationally-recognized security initiatives?

PIP, BASC, CIP, SCIP, AEO (Circle if applicable) other: \_\_\_\_\_

1. Does your company have written security procedures and conduct periodic reviews of internal controls to ensure security compliance? Yes  No
2. Do you encourage your business partners develop CTPAT procedures? Yes  No
3. Does your company affix seals to loaded containers for shipments? Yes  No   
Note: All seals must meet or exceed the current PAS ISO 17712 standard for high security seals.  
Specify Type:
4. Does your company store containers at its facilities? Yes  No   
If yes to above question, are containers stored in a secure area to prevent unauthorized access or manipulation? Yes  No
5. Does your company have procedures in place to verify the physical integrity of the container structure prior to stuffing, and do they address ensuring the reliability of the locking mechanisms of the doors? (See the following link for items to be addressed during a container inspection: Yes  No   
[http://www.customs.gov/xp/cgov/trade/cargo\\_security/ctpat/security\\_criteria/sec\\_criteria\\_foreign\\_mfc/](http://www.customs.gov/xp/cgov/trade/cargo_security/ctpat/security_criteria/sec_criteria_foreign_mfc/)

AMPCO MANUFACTURERS INC..



- 6. Does your company conduct 7-point inspections on all import containers/trailers? Yes  No
- 7. Does your company have physical access controls to prevent unauthorized entry to facilities, maintain control of employees and visitors, and protect company assets? Yes  No
- 8. Have you developed and communicated a process to report shipment overages/shortages, losses or abnormalities, whether suspected or confirmed? Yes  No
- 9. Does your company have a Security & Threat Awareness Training program for its employees? Yes  No   
 If yes, how often is Security & Threat Awareness training provided for employees?  
 Annually  Quarterly  Monthly  Weekly  As needed
- 10. Does your Company have security procedures for Employee Badge Control? Yes  No
- 11. Are your internal/external window/gates/fences secured and maintained on a regular basis? Yes  No
- 12. Does your Company have security procedures for Employee Key Control Yes  No
- 13. Does your Company have adequate lighting both inside and outside your facility? Yes  No
- 14. Are your company's computer systems password protected to prevent unauthorized access? Yes  No
- 15. Does your company use firewalls, encryption software and anti-virus protection to guard from outside intrusion? Yes  No
- 16. Do you preform employment history/reference checks on your new employees? Yes  No

PLEASE SIGN THE CERTIFICATION STATEMENT BELOW

This is to certify that the responses herein attached are correct and represent our current Operations and Quality System. The system is intended to provide objective evidence of our capability to supply conforming materials or products to an established design. Unless otherwise noted in the attached Quality System Survey, the materials or products we supply are in accordance with the stated elements in our Quality System. With prior notice, on-site verification of the Quality System or product conformance is authorized, as required.

Certified by: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Ampco Manufacturers Inc. Approval:

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_