

**BREG®**

2611 Commerce Way, Vista, CA 92083

**SUPPLIER SELF-ASSESSMENT FORM****COMPANY CONFIDENTIAL**

Please attach an organization chart, credit references and any additional information you feel necessary for proper completion and understanding of this report.

**GENERAL BUSINESS INFORMATION**

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Product or Service your Company provides: \_\_\_\_\_
4. Date: \_\_\_\_\_
5. Tax ID Number: \_\_\_\_\_
6. Are you CT-PAT Certified? \_\_\_\_\_
7. Status of Ownership (Publicly held, minority owned small business, etc.): \_\_\_\_\_
8. Type of Business (manufacturer or distributor): \_\_\_\_\_
9. Products Manufactured or Services performed: \_\_\_\_\_
10. Business Status (i.e., woman owned, minority owned): \_\_\_\_\_
11. What was your sales volume last fiscal year? \_\_\_\_\_
12. Number of Locations: \_\_\_\_\_
13. Years in Business: \_\_\_\_\_
14. Sq. Footage of Building: \_\_\_\_\_
15. Number of Employees: \_\_\_\_\_
16. Union or Non-Union: \_\_\_\_\_
17. Number of Shifts: \_\_\_\_\_
18. Present Capacity Being Utilized: \_\_\_\_\_
19. Do you have a documented Disaster Recovery Plan? \_\_\_\_\_
20. Key Personnel: \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
21. Number of Customers: \_\_\_\_\_
22. Your company's largest customer holds what percentage of the customer base? \_\_\_\_\_
23. Does the company do business with any other medical companies? If yes, what percentage of your business is medical? \_\_\_\_\_
24. Future business focus: \_\_\_\_\_

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**QUALITY AND MANAGEMENT RESPONSIBILITIES**

- 25 Is the company a certified supplier with any other customer? \_\_\_\_\_
- 26 Is the company ISO certified? If so, please attach copy of certification. \_\_\_\_\_
- 27 If not, any future plans to do so? \_\_\_\_\_
- 28 Other Quality Systems Certification obtained? \_\_\_\_\_
- 29 a. Is the company FDA registered?  
b. Any other registrations? \_\_\_\_\_
- 30 If so, what was the last date of audit? \_\_\_\_\_
- 31 Does the company track: \_\_\_\_\_
- A On Time Delivery \_\_\_\_\_
- B Quality \_\_\_\_\_
- C If yes, what is your on-time Delivery /Quality Performance? \_\_\_\_\_
- 32 Does the company have a written quality manual that includes a written quality statement? \_\_\_\_\_
- 33 Who is the management representative for quality? \_\_\_\_\_
- 34 Is there a documented internal audit program in place? \_\_\_\_\_
- 35 Do you have a formalized Training Program in place for all employees? \_\_\_\_\_
- 36 Do you have a Calibration Program in place and is it traceable to N.I.S.T. standards? \_\_\_\_\_
- 37 Is there a documented Corrective Action Program in place? \_\_\_\_\_

**COST MANAGEMENT**

- 38 Is the supplier willing to share cost data with the customer? \_\_\_\_\_
- 39 Does the supplier track performance against profitability goals? \_\_\_\_\_
- 40 Does the supplier track operating budgets and forecasts? \_\_\_\_\_
- 41 Does the supplier have an activity based costing or total costing system? \_\_\_\_\_
- 42 Does the supplier have effective control over: \_\_\_\_\_
- Inventory \_\_\_\_\_
- Overtime \_\_\_\_\_
- Labor Costs \_\_\_\_\_
- 43 Can the supplier show it is financially stable using generally accepted accounting \_\_\_\_\_

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principles, as audited by an independent  
accounting firm.

- 44 Is the supplier able to demonstrate a trend of  
continuous sales and profitability growth over  
the past five years?
- 45 Has the supplier changed ownership over the  
past few years?

**PROCESS CONTROL AND CAPABILITY**

- 46 Has the supplier experienced any work  
stoppages in the past three years?
- 47 Does the supplier have a capacity planning  
tracking system in place?
- 48 If capacity issues arise, how are they  
resolved?
- 49 Does the company utilize statistical process  
control techniques?
- 50 Is there a formal preventative maintenance  
Program in place on all equipment?
- 51 Does the supplier notify the customer of late  
deliveries and non-conformities in advance of  
the scheduled due date?

**ENVIRONMENTAL CONTROL AND SAFETY**

- 52 Does the plant monitor compliance to any  
regulatory agencies?
- 53 Is there a formal safety program?
- 54 Are there programs in place for  
environmental control?

**Note: To those suppliers who perform no manufacturing at their facility,  
but are strictly distribution only, please note so on line 7, and fill out this  
form to the best of your ability.**

Company: \_\_\_\_\_

Supplier Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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