

GENERAL SUPPLIER SELF SURVEY FORM

As part of PCB Piezotronics, Inc. policies and procedures, and in an effort to support the requirements of ISO 9001 and AS9100, we must periodically review and update our approved supplier list. The following General Supplier Self Survey was developed by PCB Piezotronics, Inc. to assess and document the capability of its supplier base. The information you provide in this questionnaire is important for the establishment and/or maintenance of your **Approved Supplier Status** at PCB Piezotronics, Inc.

Please follow the instructions to complete this survey and return all applicable documents via e-mail to **vendors@pcb.com**, within 15 working days.

Thank you for your assistance in this matter.

Instructions

1. If you have an active Quality Management System Certification, please complete this survey and return the survey with a copy of your certificate or registration of approval.
2. If you do not have an active Quality Management System Certification, please complete this survey, as well as the Quality Supplier Self-Survey.

Note: The Supplier Self Survey is based on the requirements of ISO 9001 & AS9100 and mostly requires a simple yes or no answer. We realize that some questions may not apply to your particular operation. In those instances, please note any exceptions or comments in the space provided or as an attachment provided with your response.

Direct any questions to the PCB Supplier Development Engineer at SDE@pcb.com or your PCB Buyer.

To be completed by PCB:

Requested by (PCB Representative): _____	Date: _____
PCB Supplier Category Description: _____	Vendor No. _____
Reason for Survey: <input type="checkbox"/> New Supplier	<input type="checkbox"/> Existing Supplier Recertification Survey

GENERAL SUPPLIER SELF SURVEY
A Organizational Information

Name / Title: _____

Phone#: _____

Email: _____

Website: _____

Company Name: _____

Address: _____

City, State, Zip, Country: _____

Parent Company Name

(if applicable): _____

Number of

Employees: _____

 Corporation
 Privately Owned
 Partnership
 Other
 Publicly Traded Company

If other, Please describe: _____

State of Incorporation or Organization: _____

NAICS

Code: _____

(North American Industry Classification System)

CAGE CODE: _____

Unique Entity ID (UEI): _____

Are unions represented in your company?

 YES

YES

 NO

NO

If Yes, please list Union name(s): _____

Type of Business:

Machine Shop

Fabrication

Fixtures

Raw Materials

Equipment

Electronic Components

PC Board /Assembly

Distributor

Catalog

Equipment Supplier

Inspection Service

Testing Service

Calibration Service

Outside Process

Service

Other

Products or services provided: _____

B Supplier Key Personnel

	NAME	PHONE	EMAIL
CEO/ President			
Sales / Customer Service			
Finance / AP/AR			
Plant / Production			
Quality Assurance			
Engineering / R&D			
Other (please specify)			

C Quality System

1 Is your organization certified and/or accredited to any internationally recognized standards such as AS9100, ISO 9001, NADCAP or ISO 17025/ANSI Z540.3? YES NO
If yes, to what standard(s)?

If additional room is needed, please provide as a supplemental document.

Certificate #:	_____	Expiration Date:	_____
Certificate #:	_____	Expiration Date:	_____
Certificate #:	_____	Expiration Date:	_____
Certificate #:	_____	Expiration Date:	_____

Name of Accrediting Organization(s): _____

Please include a copy of all current certificates with the return of this Supplier Self Survey.

2 If NO to question 1, are you planning to be **ISO Certified**? YES NO
If YES, please provide the expected completion date: _____

3 Does your company supply **RoHS** compliant materials? YES NO N/A

4 Does your company have a **Conflict Minerals** program? YES NO N/A
If YES, please attach a copy of your Policy Statement.

5 Has your company developed and implemented a **Counterfeit Materials Control Plan** that documents its processes used for risk mitigation, disposition and reporting of counterfeit parts? YES NO N/A
If YES, please attach a copy of your control plan.

6 Has your company developed and implemented a **Counterfeit Electronic Parts Control Plan** that documents its processes used for risk mitigation, disposition and reporting of counterfeit parts? YES NO N/A
If YES, please attach a copy of your control plan.

7 Does your company comply with the slavery and human trafficking laws of the country or countries where you do business? YES NO

D Business Size Representation for US Companies only:

Note: All US companies must fill out below section. If not US, please skip this section.

Company Size: Please check **ALL** that are applicable.

- LB = Large Business (including for profit & not-for-profit)
- SB = Small Business (meets the Small Business Administration (SBA) small business size standards for your main NAICS code.)

If your organization is a valid small business concern, please list ALL of the categories your organization qualifies for:

- | | |
|--|--|
| <input type="checkbox"/> SDB = Certified by SBA as a Small Disadvantaged Business* | <input type="checkbox"/> SDVOB = Service-Disabled Veteran Owned Small Business |
| <input type="checkbox"/> HUBZ = Certified by SBA as a HUBZone Small Business* | <input type="checkbox"/> Historically Black College / University of Minority Institution |
| <input type="checkbox"/> WOSB = Women Owned Small Business | <input type="checkbox"/> Indian Tribe; Specify: |
| <input type="checkbox"/> VOSB = Veteran Owned Small Business | <input type="checkbox"/> Alaska Native Corporation (ANC) |
| | <input type="checkbox"/> Other; Specify: |

*Note: If you are a certified Small Disadvantaged Business or HUBZone Small Business, you must be listed in the System for Award Management database located at www.sam.gov or provide a letter of certification from the SBA.

You may wish to review the definitions for the above categories in the Federal Acquisition Regulation 19.7 or 52.219-8 and 52.219.9. If you have difficulty ascertaining your size status, please refer to SBA's website at www.sba.gov/size or contact your local SBA Office.

NOTICE: In accordance with U.S.C. 645(d), any person who misrepresents a firm's proper size classification shall (1) be punishable by imposition of a fine, imprisonment, or both, (2) be subject to administrative remedies, and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act."

E Financial Information

As a supplemental document with survey response, please supply three customer references and your banking information. Include contact names, telephone numbers, fax numbers and email addresses.

Please supply a copy of your W9 (US) or W8 (International) with this survey.

Federal Tax ID No.: _____

D & B No.: _____

Does your organization have general liability insurance including product liability for completed products and contracts reliability?

YES NO

If yes include \$ amount:

F Record Maintenance

PCB is requesting that your organization maintain **the following list of the documents at your facility as** objective evidence to product and product conformance **for 7 years.**

Please note: If you supply a program part, you must meet or exceed the following record retention requirements. If you do not, it may affect the volume of business that is transacted between companies due to contractual agreements with our customers.

RECORD TYPE	ACTUAL RETENTION	RECORD TYPE	ACTUAL RETENTION
Customer Order		Supplier Evaluation	
Contract Review		Delivery Data	
Training		Quality Manual	
Design (reviews, verification/validation, changes)		Nonconformance's (Corrective/Preventive actions)	
Product Identification & Traceability		Assembly Procedures	
Inspection & Test Data		Drawings	
Calibration Data (if applicable)			

All supplier-retained records are to be made available upon request of PCB, our customers and regulatory representatives. They are to be stored, protected and identifiable while maintaining ensured readability and retrievability. Documented permission must be obtained from a PCB Purchasing Representative prior to discarding records that have reached end of indicated retention.

G Delivery & Scheduling

1 Does your company utilize an ERP system for order and job management?

YES NO N/A

If YES, please list the ERP system:

2 With the support of a letter of commitment or purchase order, is your company willing to carry inventory for PCB in raw material or finished goods?

YES NO N/A

3 Are lead times quoted to customers periodically reviewed between Sales and Operations?

YES NO N/A

4 Does your organization have a system in place to proactively notify PCB purchasing on shipments that will not meet a promised date?

YES NO N/A

H On-Site Audit

Would your organization allow an on-site audit of your facility by PCB Piezotronics Inc., a customer of YES NO
PCB Piezotronics Inc., or a registrar or an organization responsible for the certification of PCB's quality
management system?

I Manufacturing Guidelines Review

I have read and understand the applicable sections of PCB's Manufacturing Guidelines, [QA1087](https://www.pcb.com/about/supplier-links), YES NO
which are available at <https://www.pcb.com/about/supplier-links>

Survey Certification:

I hereby certify that the above survey statements are true and correct to the best of my knowledge:

Company Name:

Name of Certifying Individual
(Print Name):

Title:

Date:

Signature
(Electronic preferred):

*****Internal Use Only*****

PCB Piezotronics Supplier Approvals:

*Electronic signature acceptable or typed name.

Approval Method (Check one):

- QMS Certification(s) Supplier Self-Survey Customer Approval On-Site Audit

Supplier Development
Engineer:

Date

Quality Director / Manager:

Date

Purchasing Manager:
(Optional)

Date

Buyer
(Optional):

Date

Survey Results (Check one):

- Approved Limited Probation Rejected
