



# Supplier Pre-Assessment Survey

In order for Suppliers to become or to maintain Approved Supplier Status with Busche, the following Business System requirements must be provided. Suppliers are required to notify Busche's Quality Department of any significant changes to the data provided. Sections 1 through 3 is required from all current and future Suppliers.

## Section 1 - COMPANY INFORMATION

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

Purchase Order Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Major Product(s): \_\_\_\_\_

Which Busche facility will you conduct business with?

\_\_\_\_\_

**Remit Address:** (If different from physical)

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit Fax: \_\_\_\_\_ Remit Email: \_\_\_\_\_

**Note: Busche's Conditions of Purchase may be viewed on our web site:**

**[www.BuscheGroup.com](http://www.BuscheGroup.com). It is Busche's policy to pay according to the Purchase Order terms.**

**Terms other than standard require approval prior to approved supplier status being granted.**

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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## Section 3 – FINANCIAL

Public Company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach annual report.

Privately Held? Yes \_\_\_\_\_ No \_\_\_\_\_ Owner(s) (if private): \_\_\_\_\_

Years in business: \_\_\_\_\_ At present location: \_\_\_\_\_

Annual sales (\$): \_\_\_\_\_ Growth last year (%): \_\_\_\_\_

Dunn & Bradstreet Credit Rating or three supplier credit references: D & B Credit Rating \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Tax ID # \_\_\_\_\_ (A completed W-9, or written cause for non-submittal, is required to be on file with Busche. Please attach completed W-9 form) Blank W-9 is available at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) for domestic suppliers. Please complete W8BEN which is required for foreign suppliers.

Invoices can be sent by email [accountspayable@buschegroup.com](mailto:accountspayable@buschegroup.com) or mailed to:

Accounts Payable, 22122 Telegraph Rd. Southfield, MI 48033

Busche encourages suppliers to sign up for Automated Clearing House (ACH) payment processing. Please attach banking information required for ACH payments.

### The Following Sections are applicable to suppliers of Raw Materials, Components and Subcontracted operations.

## Section 4 – FACILITIES / PERSONNEL

Years in Business: \_\_\_\_\_ Total Employees: \_\_\_\_\_ Quality Employees: \_\_\_\_\_ Shifts: \_\_\_\_\_

Manufacturing locations: \_\_\_\_\_

Does your facility have temperature / humidity control? Yes No

Does your facility have automatic sprinklers / alarm system? Yes No

Do you have product liability insurance? Yes No If yes, list carrier and policy number below.

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Are you registered with IMDS (International Material Data System)? Yes No N/A

Please provide copy of PSW and Material Certification.



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## Section 5 – CERTIFICATIONS

ISO/IATF 16949 Certified Yes No Level \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other quality certifications? Yes No (If yes, list) \_\_\_\_\_

(Please provide copy of Certifications)

## Section 6 – OUTSIDE SERVICES / SUBCONTRACTORS:

| Subcontractor Name | Process | Location |
|--------------------|---------|----------|
| _____              | _____   | _____    |
| _____              | _____   | _____    |
| _____              | _____   | _____    |
| _____              | _____   | _____    |

## Section 7 – DOCUMENTATION REVIEWED / REQUESTED TO BE SUPPLIED TO BUSCHE

Quality Manual Yes \_\_\_\_\_ No \_\_\_\_\_ Manufacturing Equipment list Yes \_\_\_\_\_ No \_\_\_\_\_

Quality Inspection Equipment list: Yes \_\_\_\_\_ No \_\_\_\_\_ Organizational Chart Yes \_\_\_\_\_ No \_\_\_\_\_

## Section 8 – MANUFACTURING CORE COMPETENCIES

Check next to each area of service that company currently provides:

|                               |                   |                     |                           |  |
|-------------------------------|-------------------|---------------------|---------------------------|--|
| Machining/components          | Tooling           | General Supplies    | Freight Carrier           |  |
| Proprietary designed products | Admin             | Quality/Gages       | Oils, Lubricants, Coolant |  |
| Raw Materials                 | Packaging         | Coatings            | Assembly                  |  |
| Delivery Systems              | Materials Testing | Injection Molding   | Mold Making               |  |
| Engineering Services          | Cutting Tools     | Compression Molding | Other:                    |  |
|                               |                   |                     |                           |  |



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## Section 9 – QUALITY SYSTEM (Not required if certified in section 5)

Does your company have a corporate quality policy? Yes \_\_\_\_\_, Please summarize. No \_\_\_\_\_

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Does your company have documented quality procedures? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain.

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What key processes are measured and monitored by a QA plan? \_\_\_\_\_

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Does your company have written work instructions and/or workmanship standards? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain.

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Does your company have procedures in place to control nonconforming product? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain.

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What is the process for corrective action on goods that are rejected by the customer? \_\_\_\_\_

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How are all measuring and test equipment maintained and calibrated? \_\_\_\_\_

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Does your company have a system in place for handling/resolving customer complaints? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain. \_\_\_\_\_

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Does your company incorporate a system for product traceability? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain. \_\_\_\_\_

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Will all quality procedures and records pertaining to products supplied to Busche be made available for review during an on-site visit, if requested? Yes \_\_\_\_\_ No \_\_\_\_\_ If no , please explain. \_\_\_\_\_

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Additional Comments (optional):

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# Supplier Pre-Assessment Survey

Recommendation for approval:

|                      |                                |                                      |  |
|----------------------|--------------------------------|--------------------------------------|--|
| Approved Conditional | Disapproved, no further action | Disapproved, further action required |  |
|----------------------|--------------------------------|--------------------------------------|--|

Supplier Classification:

|       |  |       |  |              |  |
|-------|--|-------|--|--------------|--|
| Major |  | Minor |  | Non-Critical |  |
|-------|--|-------|--|--------------|--|

Note: Major Suppliers require two signatures for Approval.

Describe further action needed for approval:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date