

## **Supplier Survey**

#### 1 - ABOUT THE COMPANY

Company Name:				
Address				
City State/Province	Zip Code			
Country				
Phone Number	Fax Number			
email	Website			
2 - KEY PEOPLE & CONTACTS				
MANAGER	QUALITY			
○ Mr ○ Ms	○ Mr			
Name	Name			
Surname	Surname			
Phone	Phone			
Fax	Fax			
email	email			
ACCOUNTING	LOGISTICS			
○ Mr ○ Ms	○ Mr ○ Ms			
Name	Name			
Surname	Surname			
Phone	Phone			
Fax	Fax			
email 	email			

### **3 - YOUR BUSINESS**

## Supplier Survey

Pneumatics	○ Electrical	○ Automation/	Controls	Bearings/Drives		
○ Hydraulics	○ Raw Materials	○ Janitorial	○ Office	Supplies		
Main Activities And/Or Products						
CREDIT TERMS						
Terms			High Limit			
Credit Card	SWIFT	○ Draft				
SURVEY APPRO	VAL					
Company			Date			
Name			Position			
4 - CORPORATE FEATURES						
Date of Creation		Number of Er	nployees			
	andard delivery time guarantour $d$ requires ≥ 95% on time $d$ eliv					
τ.	Which carrier do you					
16	ennessee Rand prefers UPS car	rier.				

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### **5 - CERTIFICATION REFERENCES**

# **Supplier Survey**

Number of certificate(s)					
Type of Certificate(s)			Expiration date(	s)	
Date Certified Norm was last auditied					
Activities having received certification					
If they are not certified, is certification un	derway?	Yes C	No		
6 - QUALITY CONTROL PROCEDURES					
Do you have instructions explaining exactly how the proced	ures work?	Yes	○ No	○ N/A	
s the quality control manual accessible to all concerned emp	oloyees?	○ Yes	○ No	○ N/A	
Are the maintenance and monitoring responsibilities of the opposed ures clearly defined?	quality control	○ Yes	○ No	○ N/A	
7 - COMPUTER RECORDS					
Do you have a data filing system for all information concerni cransactions and quality-releated documents?	ng commercial	○ Yes	○ No	○ N/A	
For how long are these records kept?					
Are records kept for each client, each supplier and each deliv	very?	○ Yes	○ No	○ N/A	
Do you have a data filing system for all documents, analytica est relative to merchandise delivered to clients?	l reports and	Yes	○ No	○ N/A	
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### 8 - AUDITS & EVALUATION

## **Supplier Survey**

Is there a third party or in-house auditing program evaluation the efficiency of quality control procedures utilized?	○ Yes	○ No	○ N/A	
Is there a designated and qualified person in charge of administering audits and the corrective/preventive measures?	the Yes	○ No	○ N/A	
Does Tennessee Rand have access to perform a site audit at your faci	lity?	○ No	○ N/A	
9 - QUALITY PLANNING				
Do you have specific quality directives for certain customers?	○ Yes	○ No	○ N/A	
Are special means implemented for satisfying these directives?	○ Yes	○ No	○ N/A	
10 - YOUR COMMENTS & REMARKS				
<b>Please check</b> your form before sub <b>Verify</b> that you able to provide all the required docum	ents by fax:			
EOD ANY OLIESTIONS CONCEDNING THIS FORM AND I	TS CONTENTS DI	EASE CONT	ΓΛ <i>C</i> Τ•	

### Mr. Brandon Snyder, Purchasing Manager

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#### **Postal Address:**

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