|  |  |
| --- | --- |
| **WECO USE ONLY** | |
| **APPROVED** |  |
| **APPROVAL WITHHELD** |  |

NOTE: Please return this form with equipment brochure to:

Supply Chain, WECO Electrical Connectors Inc.

18050 Trans-Canada Highway, Kirkland, Quebec Canada H9J 4A1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| COMPANY : | | | | | | |
| ADDRESS : | | | | | | |
| TELEPHONE : | FAX : | | | EMAIL : | | |
| COMPANY REPRESENTATIVE COMPLETING THIS FORM: | | | | | | |
| NAME : | POSITION : | | | DATE : | | |
| SIGNATURE : | | | | | | |
| QUALITY CONTACT NAME : | | PHONE : | | | | |
| SALES CONTACT NAME : | | PHONE : | | | | |
|  | | | | | | |
| GENERAL INFORMATION: | | | | | | |
| NAME AND ADDRESS OF PARENT COMPANY IF DIFFERENT FROM ABOVE: | | | | | | |
| NAME : | | | | | | |
| ADDRESS : | | | | | | |
| DUN & BRADSTREET NUMBER: | | | | | | |
| RATED BY D&B: | | | | | YES | NO |
| OWNERSHIP: | | | | | PUBLIC | PRIVATE |
| FINANCIAL STATEMENTS AVAILABLE: | | | | | YES | NO |
| UNCONTROLLED QUALITY MANUAL ATTACHED | | | | | YES | NO |
| LENGTH OF TIME COMPANY HAS BEEN IN CONTINUOUS OPERATION? | | |  | | | |
|  | | | | | | |
| GROSS ANNUAL SALES: | | | PREVIOUS YEAR  PAST (2) YEARS  PAST (3) YEARS | | | |
| SIZE OF FACILITIES (ft² or m²) | | | TOTAL AREA : | | | |
| WHAT PERCENT CAPACITY IS CURRENTLY UTILIZED? | | | | |  | |
| WHAT IS THIS BASED ON? PEOPLE  SPACE  EQUIPMENT  OTHER  WHAT IS THE BOTTLENECK? PEOPLE  SPACE  EQUIPMENT  OTHER | | | | | | |
| WORK SCHEDULE: | | | | | SHIFTS/DAY  DAYS/WEEK | |
| NUMBER OF EMPLOYEES (FOR THIS FACILITY) | | | | | TOTAL  DIRECT  INDIRECT | |
|  | | | | |  |  |
| **UNION:** | | | | | | |
| IF UNIONIZED, LIST THE UNION NAME: | | | | | | |
| CONTRACT EXPIRATION : | | | | | | |
| STRIKE HISTORY FOR PAST 5 YEARS: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| QUALITY MANAGEMENT SYSTEM : | | | | | | |
| NAME OF STANDARD ON WHICH QUALITY SYSTEM IS BASED: | | | | | | |
| IS YOUR QUALITY SYSTEM CURRENTLY ACCREDITED BY ANY THIRD PARTY? | | | | Yes | | No |
| IF YES, WHO?  CERTIFICATE DATE & NO. | | | |  | |  |
| DO YOU MEASURE COST OF QUALITY? | | | | Yes | | No |
| DO YOU HAVE A PREVENTIVE MAINTENANCE PROGRAM? | | | | Yes | | No |
| DO YOU UTILIZE STATISTICAL TECHNIQUES TO ASSESS PROCESS STABILITY AND CAPABILITY? | | | | Yes | | No |
| ARE PROCESS CONTROL PLANS DEVELOPED AND USED? | | | | Yes | | No |
| IS A FIRST PIECE APPROVAL SYSTEM USED AT START-UP, TOOL CHANGES, AND PROCESS CHANGES? | | | | Yes | | No |
| ARE RESOURCES AVAILABLE TO DO COMPLETE PART LAYOUTS? | | | | Yes | | No |
| DO YOU HAVE A CORRECTIVE ACTION PROGRAM? | | | | Yes | | No |
|  | | | | | | |
| **ENGINEERING AND PRODUCTION CAPABILITIES:** | | | | | | |
| DO YOU USE A CAD SYSTEM FOR DRAWING/DESIGN? | | | | Yes | | No |
| WHAT IS THE AGE AND CONDITION OF YOUR MANUFACTURING EQUIPMENT?  PLEASE ATTACHED AN EQUIPMENT LIST | | | | | | |
| WHAT IS THE TYPE AND RANGE (I.E. SIZE) OF PRODUCT THAT YOU CAN MANUFACTURE? | | | | | | |
| TYPE OF WORK COMPANY IS BEST PREPARED AND WELL EQUIPPED TO DO (SPECIFY CAPABILITIES AND REFERENCED: | | | | | | |
| WHAT PROCESSSES DO YOU USE IN THE MANUFACTURE OF YOUR PRODUCT(S)? | | | | | | |
| WHAT TECHNICAL RESOURCES DO YOU HAVE TO SUPPORT TOOL DESIGN? | | | | | | |
| WHAT MATERIAL TESTING/EVALUATION CAPABILITY DO YOU HAVE? | | | | | | |
| WHAT IS THE AVERAGE LOT SIZE OF PRODUCT MOVING THROUGH YOUR FACILITY? | | | | | | |
|  | | | | | | |
| **ENVIRONMENTAL, HEALTH, AND SAFETY:** | | | | | | |
| IS THERE A DOCUMENTED SAFETY PROGRAM IN PLACE? | | | Yes | | No | |
| HAVE YOU IMPLEMENTED AN ENVIRONMENTAL MANAGEMENT SYSTEM SIMILIAR TO ISO 14001? | | | Yes | | No | |
| DO YOU HAVE A WASTE MINIMIZATION AND RECYCLING PROGRAM? | | | Yes | | No | |
| HAVE YOU OBTAINED A CERTIFICATION IN A SUPPLY CHAIN SECURITY PROGRAM BEING ADMINISTERED BY THE USA OR YOUR CUSTOMS ADMINISTRATION? | | | Yes | | No | |
|  | | | | | | |
| **CUSTOMER INFORMATION**: **LIST TWO (2) MAJOR CUSTOMERS** | | | | | | |
| COMPANY NAME |  |  | | | | |
| WEB ADDRESS |  |  | | | | |
| CONTACT |  |  | | | | |
| EMAIL ADDRESS |  |  | | | | |
| PHONE |  |  | | | | |
| COMMENTS |  |  | | | | |