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| **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

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| 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:       |

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| 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 [ ]  |
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| **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?       |
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| **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 |       |       |