

Manufacturers of <i>SMITH</i> [®] Bearing Products Accurate Bushing Company	Quality Form	Document Number: F-840-01
	Appendix:	Rev: A
Title: Supplier Business Survey	Orig. Date: 09/07/17	Pg. 1 of 4
Revised by: Paul Robuck	Title: Quality Manager	Date: 07/30/21
Approved by: Paul Robuck	Title: Quality Manager	Date: 07/30/21

This survey is to be completed by all current or potential suppliers to maintain or achieve an active business role with Accurate Bushing Company. If your company or facility has attained registration to a recognized quality system standard such as ISO 9000, AS 9100 or QS 9000, you may omit section 4.0 of this survey.

1.0 GENERAL INFORMATION:

Supplier Name: _____

Supplier Address: _____

Supplier Phone: _____ Fax: _____

Contact Person: _____ E-mail _____

WEB Address: _____

Brief description of products manufactured or services provided _____

Do you have a Quality Contact or an individual that should receive this form directly?

Name _____

E-Mail _____

Would you like to receive this form electronically in the future? ___Yes ___No

Is the E-mail address above the person who should receive the form? ___Yes ___No

If not, what is the E-mail address it should be sent? _____

This form and other ABC required forms and information can be found at:

www.smithbearing.com/quality

2.0 ORGANIZATION STRUCTURE:

Number of employees: _____

Number of production employees? _____

Number of Quality employees? _____

Work Schedule:

Hours/Shift: _____ Shifts/Day: _____ Days/Week: _____

Management Personnel

President/CEO: _____ e-mail _____

Quality: _____ e-mail _____

Sales: _____ e-mail _____

Engineering: _____ e-mail _____

Purchasing: _____ e-mail _____

Materials: _____ e-mail _____

3.0 QUALITY SYSTEM:

Do you have a Quality Department? _____ Yes _____ No

Do you have a Quality Policy? _____ Yes _____ No **If yes please attach.**

Who does Quality Report to? _____

Do you have a Quality Manual? _____ Yes _____ No

Is a copy available upon request? _____ Yes _____ No

Is your company:

ISO 9000 Registered? _____ Registration # _____

AS 9100 Registered? _____ Registration # _____

QS 9000 Registered? _____ Registration # _____

NADCAP Registered? _____ Registration # _____

Other _____ Registration # _____

Are you pursuing registration to any of the quality systems shown? _____

Estimated registration date: _____

NOTE: *If your company has attained registration to one (1) of the quality systems listed above, you may omit section 4.0 of this survey.*

*****Please attach a copy of your most recent registration certificate(s)*****

4.0 QUALITY SYSTEM

Is your quality System Approved /Certified by any customers? _____ If **YES** list 3.

Do you have a receiving inspection procedure? _____

Do you have a calibration recall system? _____

Do you have a written calibration procedures? _____

Do you have a rejected materials procedure? _____

Do you use outside laboratories? _____

Do you utilize SPC techniques? _____

Do you perform audits of your quality system? _____

Frequency: _____

Do you review your quality system periodically? _____

Frequency: _____

5.0 FACILITIES, INVENTORY AND UTILIZATION:

Do you have multiple facilities? _____

Please list: _____

At which facilities will Accurate Bushing Company's materials be processed?

Are any of the processes you perform for Accurate Bushing at or near your capacity limit? _____ Yes _____ No

If at or near capacity limit how much are you currently using _____% of 100%.

If Accurate Bushing were to increase it's requirements by 10 % how would that affect your ability to maintain on-time delivery?

_____ **Minimally** (Small percentage of currently used capacity currently in use.)

_____ **Somewhat** (Would need to add Overtime or speed up equipment)

_____ **Significantly** (Would have to add equipment or employees or both.)

_____ Could not accommodate any increase in requirements and maintain on-time delivery.

Indicate the Major processes performed at your company, and the percentage of capacity. If process is performed at another facility, indicate this.

Major Process

% Capacity

Accurate Bushing is a government contractor and is required to comply with **FAR CLAUSE 52.211-14 Notice of Priority Rating for National Defense and 52.211-15 Defense Priority and Allocation Requirements.**

As a supplier to Accurate Bushing, this requirement, can be flowed down to our vendors and become a contractual requirement.

Can you comply with this requirement if implemented by the government?

YES____ / **NO**____

Accurate Bushing is flowing down the following DFARS Clauses for supplier awareness:

252.203-7000 REQUIREMENTS RELATING TO COMPENSATION OF FORMER DoD OFFICIALS (Sept 2011) (DFARS).

252.203-7002 REQUIREMENTS TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (Sept 2013) (DFARS)

252.204-7000 DISCLOSURE OF INFORMATION (OCT 2016) (DFARS)

252.204-7009 LIMITATIONS ON THE USE OR DISCLOSURE OF THIRD PARTY CONTRACTOR REPORTED CYBER INCIDENT INFORMATION (OCT 2016) (DFARS)

252.204-7012 SAFEGUARDING COVERED DEFENSE INFORMATION AND CYBER INCIDENT REPORTING (DEC 2019) (DFARS)

252.204-7015 NOTICE OF AUTHORIZED DISCLOSURE OF INFORMATION TO LITIGATION SUPPORT CONTRACTORS (MAY 2016) (DFARS)

252.23-7008 PROHIBITION OF HEXAVALENT CHROMIUM (JUN 2013) (DFARS)

252.225-7048 EXPORT-CONTROLLED ITEMS (DEC 2018) (DFARS)

FAR: <https://www.acquisition.gov/?=browsefar>

DFARS: <https://www.acq.osd.mil/dpap/dars/defarsspgi/current/index.html>

6.0 HEALTH AND SAFETY

Do your products comply with RoHS / WEEE (EU lead removal directive)? _____

Do your products comply the E.U. REACH directives? _____

Are materials used in production considered fire hazards? _____

Do you have a fire prevention program? _____

Do you have an automatic sprinkler system? _____

Are MSDS forms available for review? _____

7.0 BUSINESS INFORMATION:

CAGE CODE _____ SIC CODE _____

Dun and Bradstreet (D&B) # _____

Government Classification _____

Is your company publicly traded? _____

Is your company privately owned? _____

Parent company/owner: _____

Date company founded: _____

Are you incorporated? _____

State incorporated in: _____

Date incorporated: _____

Financial/Credit rating: _____

Credit References:

FINANCIAL: (Bank)

Phone _____
Contact _____

TRADE REFERENCES: (List 3)

1) _____

Phone _____
Contact _____

2) _____

Phone _____
Contact _____

3) _____

Phone _____
Contact _____

8.0 SIGNATURE

Name of person completing this survey: _____

Title of person completing this survey: _____

Phone Number _____ e-mail address _____

Date completed: _____

Signature: _____ Date: _____

Please return to:

Paul Robuck
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Questions

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