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**SUPPLIER EVALUATION QUESTIONNAIRE**

As part of our supplier quality assurance program, and in accordance with the requirements of our ISO 9001: registration, new and periodic assessments are conducted of our suppliers and sub-contractors.  To this end, would you please complete and return the attached vendor questionnaire.

Information from this questionnaire will be used to update our records and enable us to maintain our approved supplier list.

Analysis of this information may result in the need for an assessment or audit by one of our Quality Engineering staff.  In this event, we would contact you to arrange a convenient date.

Please be assured that any information provided will be treated in complete confidence.

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Part 1 – Supplier Information

Part 2 – Contracts Management System

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Part 5 - Health and Safety

 Company Site Safety / Security

 POINT OF CONTACT

**Cubic Quality Representative**

Name: David Clifton Title: Quality and Health & Safety Manager

Email: David.Clifton@cubic.com Phone: +64 09 379 036 (ext.828)

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| **PART 1: SUPPLIER INFORMATION** |
| Registered Company Name |  |
|  |
| Registered Place of Business/Address |  |
|  |
|  |
|  |
| Phone Numbers |  |
| Fax Numbers |  |
| E-Mail Address |  |
| Website |  |
| Details of your organisation’s scope of activity / products / services:(Please attach the Organisational Chart of the Company) |
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|  |
| Number of months / years in business: |  |
| Overall number of staff: |  |
| Does the company belong to any Group of Companies?  |  \_\_Yes \_\_ No |
| If Yes, please state the name of the company/organisation: |  |
|  |
|  |
| Does the company have several plants? |  \_\_Yes \_\_ No |
| Does the company have any subsidiaries?  |  \_\_Yes \_\_ No |
| **If Yes, please provide details:** |
| **Company Name:** | **Location:** | **Field of Activity:** |
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| **PART 2: CONTRACTS MANAGEMENT SYSTEM** |
| Part 2 | Contracts Management | Yes | No | Comments |
| 2.1 | Do you have a procedure on Contract review processes?  |  |  |  |
| * Are interface mechanisms (point of contacts for each discipline) between us the customer and you the supplier clear?
 |  |  |  |
| * Are terms and conditions clearly defined? (incl. payments terms and any unusual conditions)
 |  |  |  |
| * If you service products for Cubic, do you ensure that servicing meets contractual requirements?
 |  |  |  |
| 2.2 | Is your company registered with the U.S. Dept of State?  |  |  |  |
| 2.3 | Do you have an export compliance program? |  |  |  |
| 2.4 | How are customers Intellectual Property (IP) being safeguarded – both internally and with subcontractors you may engage? Do you have NDA (Non-Disclosure Agreement) with your suppliers? |  |  |  |
| 2.5 | Do you have foreign/dual nationals in your work force? |  |  |  |
| * Do you have NDA (Non-Disclosure Agreement) in place with them?
 |  |  |  |
| 2.6 | Does the business operate as a Limited Liability, Partnership, Sole Trader, Incorporation, Other? Please specify: |
|  |
| 2.7 | What is the company’s projected turnover this year? |
|  |
| 2.8 | What is the issued share capital (equity) /owner equity? |
|  |
| 2.9 | What value of stock does the company hold currently? |
|  |
| 2.10 | What is the combined value of orders received over the last 12 months? |
|  |
| 2.11 | What percentage (%) of the business is Cubic’s Account? |
|  |
|  2.12 | Can you provide us with the contact details of 3 other companies with whom you have similar sized contracts and nature? If Yes, please state: |  |  |  |
| Company Name | Address | Phone Nos. |
| 1. |  |  |
|  |  |  |
| 2. |  |  |
|  |  |  |
| 3. |  |  |
|  |  |  |
| **PART 3: QUALITY MANAGEMENT SYSTEM** |
| Part 3 | Quality Management System  | Yes | No | Comments |
| 3.1 | Do you have a Quality Manual? |  |  |  |
| 3.2 | Do you have an internal and external audit programme? |  |  |  |
| 3.3 | Do you have a staff training programme/matrix? |  |  |  |
| 3.4 | Purchasing Process:* Do you have a controlled list of approved suppliers?
 |  |  |  |
| * Are your suppliers assessed and monitored?
 |  |  |  |
| * Are order quality requirements clearly defined?
 |  |  |  |
| * Are your suppliers in contract with you?
 |  |  |  |
| 3.5 | Inspection Process:* Are there documented procedures for the inspection and testing of the products or processes provided?
 |  |  |  |
| * Are there documented procedures for in-process inspection?
 |  |  |  |
| * Are incoming products and raw material inspected upon receipt?
 |  |  |  |
| * Is acceptance/rejection criteria defined?
 |  |  |  |
| * Are rejected items identified and segregated?
 |  |  |  |
| * Are process cards used for monitoring product inspection and test activities at each stage?
 |  |  |  |
| * Are QA stamps used and controlled?
 |  |  |  |
| 3.6 | Are Statistical Process Control (SPC) techniques used for control of processes? |  |  |  |
| 3.7 | Are monitoring and measuring devices controlled and calibrated? |  |  |  |
| 3.8 | Do you have a procedure on Design and Development processes? |  |  |  |
| 3.9 | Do you have full / partial traceability of product and materials? Please specify: |
|  |  |
| 3.10 | Product Handling Process:* Do you have a procedure on handling and storage of products?
 |  |  |  |
| * Are shelf life products controlled and monitored?
 |  |  |  |
| * Does the company provide facilities for the handling of product containing Electrostatic Sensitive Devices (ESD)?
 |  |  |  |
| * Are ESD packaging materials used when ESD sensitive products? despatching
 |  |  |  |
| 3.11 | Do you have a procedure for controlling customer property? |  |  |  |
| 3.12 | Do you have a configuration control system? |  |  |  |
| 3.13 | Do you have a procedure to confirm customer documents are at correct revision before being issued for use? |  |  |  |
| 3.14 | Do you have a procedure for controlling changes to customer product? |  |  |  |
| 3.15 | Control of records (process cards, test results, etc.). How long do you retain quality records? |
|  |
| 3.16 | Is non-conforming material clearly identified? |  |  |  |
| 3.17 | Are ambiguities documented and approved by the customer? |  |  |  |
| 3.18 | Do you have a formal customer complaint procedure? |  |  |  |
| 3.19 | Are there documented procedures for corrective and preventative actions? |  |  |  |
| 3.20 | Would you permit access to Cubic personnel to audit your Quality Management System and processes? |  |  |  |
| 3.21 | Can we request a copy of your Quality Manual? |  |  |  |
| ***For Suppliers of Electronic Components only*** |
| 3.22 | Counterfeit Avoidance |  |  |  |
| * Do you have an internal procedure for Counterfeit avoidance?
 |  |  |  |
| * Do you have a counterfeit inspection procedure and checklist?
 |  |  |  |
| *Note: Please provide a copy of the procedure and checklist.* |  |  |  |
| ***For USA Suppliers only*** |
| 3.23 | U.S. International Traffic in Arms Regulations (ITAR) |  |  |  |
|  | * Do you know and maintain adequate records of “export classifications” (e.g., USML Category or ECCNs) for all products, technology and services you provide to your customer, and disclose such classifications to customer when requested?
 |  |  |  |
|  | * Do you secure in a timely manner (in accordance with required delivery schedules) valid export licenses for any products and technical data to be exported to your customer?
 |  |  |  |
|  | * Do you regularly monitor and maintain compliance with all license restrictions and provisos?
 |  |  |  |
|  | * Do you prevent any unauthorized “deemed exports” of ITAR and EAR controlled products and technical data to unauthorized persons?
 |  |  |  |

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| **PART 4: Standards / Certifications** |
| Part 4 | Current Approvals  | Accredited by  | Certificate No (if any) |
| 4.1 | ISO 9001:2008*(please provide a copy)* |  |  |
| 4.2 | TICK IT (Software) |  |  |
| 4.3 | IPC Certification for RoHS Lead Free Electronics Assembly Process Capability\_\_ Class 1\_\_ Class 2\_\_ Class 3 |  |  |
| 4.4 | If manual welding is performed, are welders independently certified for competence?\_\_Yes \_\_No |  |  |
| 4.5 | Government Approvals, please list below: |  |  |
|  |  |  |
|  |  |  |
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| 4.6 | Customer Approvals, please list below: |  |  |
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| **PART 5: HEALTH AND SAFETY** |
| Certification | Yes | No | Accredited by |
|  | Do you have an accredited Health and Safety Programme? |  |  |  |
| * ISO 18001
 |  |  |  |
| * WSMP
 |  |  |  |
| * ASNZ 4801
 |  |  |  |
| * OTHER
 |  |  |  |  |  |
|  |  |
| Policies and Procedures | Yes | No | Comments |
| 5.2 | Do you have a Health and Safety Policy? |  |  |  |
| 5.3 | Are all employees Site Safe Trained? |  |  |  |
| Are Subcontractors required to be Site Safe? |  |  |  |
| Do you have a Site Specific Health and Safety Officer? |  |  |  |
| How often do they visit site? |  |
| 5.4 | Do you have procedures for: |  |  |  |
| * Emergency Readiness
 |  |  |  |
| * Employee Participation
 |  |  |  |
| * Accident Investigation
 |  |  |  |
| * Rehabilitation/Return to Work
 |  |  |  |
| 5.5 | Do you have Certified First Aiders on site? |  |  |  |
| 5.6 | Are employees trained in Manual Handling? |  |  |  |
| 5.7 | Has there been any caution or prosecution issued by an enforcement authority? |  |  |  |
| Key Performance Indicators (in the last 12 months) | No. of Recorded Cases | Comments |
| 5.8 | Accidents |  |  |
| Serious Harm |  |  |

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| **COMPANY SITE SECURITY** |
| Site Guarding? |  \_\_Yes \_\_ No |
| Visitor Screening? |  \_\_Yes \_\_ No |
| Fire Protection? |  \_\_Yes \_\_ No |
| Restricted Areas? |  \_\_Yes \_\_ No |

**POINT OF CONTACT**

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| **Company Quality Representative** |
| Name: |  | Title: |  |
| Email: |  | Phone: |  |
| Number of Quality Staff: |  |

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| **Sales/Customer Service** |
| Name: |  | Title: |  |
| Email: |  | Phone: |  |

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| **Technical**  |
| Name: |  | Title: |  |
| Email: |  | Phone: |  |
| **Accounts** |
| Name: |  | Title: |  |
| Email: |  | Phone: |  |

Please include with your response:

* Copies of:

- Quality Management System (ISO 9001 Certificate)

- Health & Safety Certificates

- Health and Safety Policy

* Supplier Counterfeit Avoidance Procedure and checklist (Required for suppliers of electronic components only)