



Supplier Information Survey

ECM Industries LLC
 16250 W Woods Edge Rd
 New Berlin, WI 53151
 www.ecmindustries.com

Company Data

Date Survey Complete ___/___/___

Parent Corporation Name _____
 Company Name _____
 Years in Business _____
 Type of Business Manufacture Distributor Rep Other _____
 Type of Ownership Private Public Commercial Reg. # _____
 Union Organized Yes No If Yes - Contract Due Date _____
 Any Schedule Shut Downs (Vactions/Holidays) Yes No If Yes Please List _____
 Primary Products/Processes _____
 Primary Industries _____
 Export Method Directly Agent
 Data Exchange Capabilities Yes No

Address	Type (Select)	Phone Number	Sq. Footage of Facilities	% Utilized	Work schedule		# of Employee	
					Shifts Per Day	Days Per Week	Direct	Indirect
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							
	<input type="checkbox"/> Manufacturing							
	<input type="checkbox"/> DC							
	<input type="checkbox"/> Corporate							
	<input type="checkbox"/> Other							

Contact Data

Title	Name	Phone Number	E-Mail
President			
Sales			
Finance			
Operations/Manufacturing			
Engineering			
Quality			
Compliance			
Customer Service			
General Manager Mfg. Facility			
24. Hour Emergency Contact			

Banking/Finance

Currency You do Business in (list all) _____
Gross Sales
 2020 \$ _____
 2021 \$ _____
 2022 \$ _____
 Financial Statements Available for Review Yes No
 Bank Name _____
 Bank Address _____
 Bank Account _____
 Invoice Consolidation Billing Yes No
 Swift Code _____



Customer Information

Please List the % of Your Current Sale for ECM Industries LLC and the TOP 2 Suppliers

Name	Location	% of Sales	Name	Location	% of Sales
ECM Industries	<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC			<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC	
	<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC			<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC	
	<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC			<input type="checkbox"/> Americas <input type="checkbox"/> EMEA <input type="checkbox"/> APAC	

Environmental, Health, & Safety

Standard Industrial Classification (SIC) Code _____

Are You Certified to ISO:14001 or an Environmental Management System Similar? Yes No

If Yes Please Attach Certificate

Is There a Documented Safety Program in Place? Yes No

Do You Maintain & Send Out "SDS" (Data Safety Sheets) Yes No

Do You Have a Waste Minimization/Recycling Program, That Meets Federal & State Regulations? Yes No

Compliance

Do You Maintain & Send Out REACH Documentation? Yes No

Do You Maintain & Send Out RoHS Documentation? Yes No

Do You Maintain & Send Out Conflict Minerals Documentation? Yes No

Do You Maintain & Send Out Prop 65 Documentation? Yes No

Engineering Capabilities

Do You Have in House Engineering Support? Yes No

Do You Provide Full Service Engineering Including Testing? Yes No

Do You Perform a full Drawing Review Before Releasing to Production? Yes No

Do You Use a CAD System For Drawing/ Design? Yes No

Do You Accept Electronically Sent CAD Files? Yes No

What Types of CAD Files Can You Handle? _____

Manufacturing Capabilities

Defective Parts Per Million	Internal	Piece or Lot Count	External	Piece or Lot Count
2020				
2021				
2022				

Percentage On Time Delivery

2020	
2021	
2022	

What is the Age & Condition of Your Manufacturing Equipment? Excellent Good Fair Poor

What Processes do You Use in The Manufacturing of Your Product(s)? Machining Stamping Extruding Injection Molding Casting

Do You Have Technical Resources to Support Tool Design? Yes No If Yes What? _____

Do You Use KANBAN or Similar System of Pull Manufacturing Processes? Yes No

What % of Your Customers Parts Are on KANBAN (or Similar System)? _____

Is Bar Coding Used Within Your Facility? Yes No

Quality Management System

Are You Certified to ISO:9001 or a Quality Management System Similar? Yes No

If Yes Please Attach Certificate

Do You Measure Cost of Quality? Yes No

Do You Have a Preventive Maintenance Program? Yes No

Do You Utilize Statistical Techniques to Assess? Yes No

Do You Provide Certifications or Inspection Data With Shipments? Yes No

Are Process Control Plans Developed & Used? Yes No

Do You Incorporate Detailed Work Instructions at The Point of Use? Yes No

Do You Have a Corrective Action Program? Yes No



Supplier Self-Assessment

If The Supplier Had Passed The Third Party Registered ISO-9000/QS-9000/TS/VDA Certification Then no Need to Fill Out The Following Self Assessment Content:

Element	System in Place		Documentation Available		Comment
4.1 Management Responsibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.2 Quality System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.3 Contract Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.4 Design Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.5 Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.6 Purchasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.7 Customer Supplied Product	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.8 Product Identification & Tractability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.9 Process Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.10 Inspection & Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.11 Control of Nonconforming Product	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.12 Inspection & Test Status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.13 Corrective & Preventive Action	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.14 Handling, Storage, Packaging, and Delivery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.15 Control of Quality Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.16 Internal Quality Audits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.17 Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.18 Servicing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4.19 Statistical Techniques	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Section II					
Chrysler-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Ford-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
General Motors-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other OEM-Specific Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Name of Person Completing Survey _____
 Title of Person Completing Survey _____
 Signature of Person Completing Survey _____

Internal Use at Power Products ONLY			
Survey Reviewed By		Reviewed Date	
		Supplier Code	
Comments:			