



New Supplier Overview - Questionnaire

Carpentersville, IL 60110
p.847.428.7171 f. 847.428.7189
www.ottoexcellence.com

Company Name _____	Parent Company (if applicable) _____
Address _____	Phone _____
City, State _____	Fax _____
Zip Code, Country _____	Web Address _____

	Name	Phone	Email
Primary Contact	_____	_____	_____
Quality Manager	_____	_____	_____
President	_____	_____	_____

Supplier Classification (check applicable classification)

- Distributor – provide material directly to OTTO without any modification
- Primary Manufacturer – actual producer of the material provided to OTTO
- Re-Processor – receives material and reprocesses to OTTO specifications
- Other (please describe)

Commodity/Technology currently performed at this location	Duration (yrs)
_____	_____
_____	_____
_____	_____

Annual Sales _____	Total Employees _____
D & B Rating _____	Total QA/QC Employees _____
Payment Terms _____	Total Production Employees _____

Top 3 Customers	% of Business
_____	_____
_____	_____
_____	_____

Work being performed for OTTO: _____

	Yes	No	N/A	
Have you reviewed OTTO's Supplier Quality Manual (SQM)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
May OTTO personnel visit/tour your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a Business Interruption plan in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if yes, please include a copy

Please indicate all certifications, registrations and accreditations that your organization currently holds.

Please attach a copy of the certificate(s)

- | | | | |
|------------------------------------|------------------------------------|---|--|
| <input type="checkbox"/> AS9100* | <input type="checkbox"/> TS 16949* | <input type="checkbox"/> ISO 17025 (A2LA) | <input type="checkbox"/> OTHER (Please Specify): |
| <input type="checkbox"/> ISO 9001* | <input type="checkbox"/> ISO 14001 | <input type="checkbox"/> NADCAP | |

***If your organization holds any of these certifications, please skip to the signature section on page 2 of this document.**



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	Yes	No	N/A
1. DRAWING, SPECIFICATIONS CONTROL AND CHANGE MANAGEMENT			
a. Does a formal/documented system exist for the review of customer orders to assure all requirements are understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, does the system provide a means to identify and communicate to the customer, those requirements which cannot be met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. MATERIAL AND PROCESS CONTROL			
a. Are all incoming shipments subject to verification and/or inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are incoming verification and/inspection instructions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are procedures and process instructions documented and implemented to assure repeatable processes and consistent quality products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are statistical methods used to monitor processes and product quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are setup verification and/or first piece inspection utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do records of manufacturing activities accompany each lot/batch of product (i.e. shop traveler, router)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are formal training programs in place for Quality and Production personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. FINAL INSPECTION AND TEST			
a. Is final inspection and test is performed on all product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are customer drawings and specifications readily available and used at final inspection and test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are records maintained which indicate product has been inspected or tested according to defined criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do these records include the results of the inspections and test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. INSPECTION, MEASURING & TEST EQUIPMENT (IM&TE) CALIBRATION & CONTROL			
a. Does a formal (i.e., documented) system exist for the control, maintenance and calibration of all IM&TE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do calibration records show traceability to NIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all necessary and required IM&TE available at points of use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CORRECTIVE ACTION			
a. Does a formal (i.e., documented) system exist for corrective actions from problem identification through verification of effectiveness of actions taken to eliminate root cause(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the corrective action system apply to customer, internal and external identified issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SPECIAL PROCESS			
a. Do special processes exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o If yes, please include a list of the processes and details for how these processes are controlled.			
b. Do you utilize non-destructive testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o If yes, please include a list of specific methods			
c. Are outside laboratories used for testing or IM&TE calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o If yes, please include a list sources			

Signature and Submission Section

Print the name of person completing
questionnaire

Signature and Title of person completing the questionnaire
Electronic signature preferred

Date

Return this questionnaire along with the following to your OTTO Purchasing Representative

- Signed OTTO Supplier Quality Manual acknowledgement
 - Available on our website [OTTO - Expect Excellence](#) under the Quality –Supplier Documents
- Copies of **all** certifications, registrations, accreditations and business interruption plan as indicated on page 1
- Supporting documentation as required by question 6
- Uncontrolled copy of *your* Quality Manual

****OTTO USE ONLY****

	Date	Yes	No	Approved Conditional ¹
Purchasing (signature) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality (signature) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Conditional approval requires on-site review by an OTTO quality representative