



Supplier Evaluation and Qualification Form Rev 1.2

1. Company Profile

Company Name:	_____	Years in Business:	_____
Street Address:	_____	Annual Sales:	_____
	_____	NAICS Code:	_____
City:	_____	Country:	_____
State/Province:	_____	Zip Code:	_____
Company website:	_____	Contact Name:	_____
Contact E-mail:	_____	Phone:	_____
		Fax:	_____

Business Type: (manufacturing; distributor; services; other)

\_\_\_\_\_

Capabilities: (list products, services, and special capabilities)

\_\_\_\_\_

Prior Experience with our Company?  Yes  No

If yes, provide details:

\_\_\_\_\_

2. Financial / Legal

Is your firm listed in Dun & Bradstreet?  Yes  No If Yes, current rating: \_\_\_\_\_



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Within the last 5 years, has your firm been in any of the following circumstances (check all that apply)

	Yes	No	N/A
1. Been a debtor in a bankruptcy case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Filed for bankruptcy under any of the bankruptcy codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Had a business license or certification suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency or public works project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Been terminated for cause by a client concerning work on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an insurance policy for your firm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide details:

#### Payment Terms & Banking Information

Payment Terms \_\_\_\_\_ **\*\*Default is Net 30 unless requested and approved by Controller.**

Controller approval, if required \_\_\_\_\_

Payment Method default is Check (if ACH or Wire, Vendor will need to provide information, below):

If applicable: ACH Routing Transit/ABA# \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Account Name \_\_\_\_\_ Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address for Remittance, if different than shown in Company Profile \_\_\_\_\_



### Supplier Evaluation and Qualification Form

#### 3. Health and Safety

1. Does your company have a written Health and Safety Program?
2. Is your firm in compliance with OSHA record keeping policies?
3. Within the last 5 years, has your firm been in any of the following circumstances:
  - a. Had either a state or the federal Occupational Safety and Health Administration cite serious violations and assess penalties against you?
  - b. Had either a state or the federal Environmental Protection Agency (EPA) issue a Notice of Violation (NoV) and/or assess penalties against your firm?
  - c. Had a period when your firm had employees without workers' compensation insurance or state approved self-insurance?
  - d. 7. Experienced a work-related fatality or an accident that resulted in the hospitalization of employees?

	Yes	No	N/A
1. Does your company have a written Health and Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your firm in compliance with OSHA record keeping policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the last 5 years, has your firm been in any of the following circumstances:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Had either a state or the federal Occupational Safety and Health Administration cite serious violations and assess penalties against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had either a state or the federal Environmental Protection Agency (EPA) issue a Notice of Violation (NoV) and/or assess penalties against your firm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had a period when your firm had employees without workers' compensation insurance or state approved self-insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 7. Experienced a work-related fatality or an accident that resulted in the hospitalization of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please provide details:

#### 4. Quality System Information

1. Is your quality system certified to a particular standard?
2. If Yes, to what standard:
3. Is your calibration system in accordance with a particular standard?
4. Which of the following do you have written instructions/procedures?
  - a. QA Procedures
  - b. Mfg Workmanship Standards
  - c. Inspection Standards
  - d. Engineering Drawings of Parts
  - e. Corrective/Preventive Action

<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	



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#### 5. Authorization

This document will be used as part of a supplier qualification and rating process. By submitting this form, signer represents the information provided is complete and accurate as of the date of this submission.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

#### Internal Synapse Wireless

6. Build to Print Supplier or COTS: \_\_\_\_\_

7. Is an onsite audit required:  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To complete the process – Responsible Parties are to sign and date this form

Supply Chain Rep \_\_\_\_\_ Date \_\_\_\_\_

Quality Rep \_\_\_\_\_ Date \_\_\_\_\_

Finance Rep \_\_\_\_\_ Date \_\_\_\_\_



### Supplier Evaluation and Qualification Form

#### 8. Approval

Status:

Approved

Not Approved

Supplier Classification: \_\_\_\_\_

See Below:

- Supplier Qualified as COTS supplier only.
- Supplier Qualified as Critical To Quality -Audit required
- Not Approved—Products/Services may not be purchased from this supplier

If not approved provide an explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 9. If Approved Accounting & Finance will assign a Vendor Number and Set Up Vendor in AX

To be completed by Accounting & Finance:

1. Has W-9 been received?

Yes

No

2. Has D&B Report been reviewed?

Yes

No

3. Has Vendor been verified through Visual Compliance?

Yes

No

Shipping Terms \_\_\_\_\_

Synapse Vendor Number \_\_\_\_\_ Entered in AX by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_