



## 1 General Information

Company Name			
Date of Reply			
Type of Business (eg. PCB / Turning / CableKabel)			
Address			
Phone		Fax	

Submitted by			
Phone		Fax	
Email			

Quality Contact Person		MR for Quality and Environmental System	
Phone		Phone	
Email		Email	

Manufacturing Contact		Sales Contact Person	
Phone		Phone	
Email		Email	

## 2 Quality Management System / Accreditation

**(Please provide a soft copy of certificate)**

	Please list down relevant standards and certification bodies
What systems is/are your company certified with?	
01) Quality Management Systems	
02) Environmental Management Systems	
03) Occupational Health and Safety Management system	
04) Other systems not stated	
05) Is all your system describe in manual? If not, please indicate which system	



### 3 Supplier Information

Company Profile	
01) Facility Ownership	
02) Parent Company or Subsidiary, if subsidiary please indicate parent company name:	
03) Founding date of the Company	
04) Annual Sales Turnover in the last 3 years	
05) Annual Sales Turnover for current year and next year	
06) Is production vertically integrated?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, please specify which processes are subcontracted
07) List down your manufacturing locations and state what manufacturing processes are done at these locations:	
a)	e)
b)	f)
c)	g)
d)	h)
8) Please provide communication details of key personnel in case of escalation purposes  <i>*Please provide at least up to director level or equivalent</i>	1) Full name: Gender: Designation: Region in-charge of: Email: Mobile Number: Direct Inward Dialling (DID):  2) Full Name: Gender: Designation: Region in-charge of: Email: Mobile Number: Direct Inward Dialling (DID):
9) Top 5 Customers / Industry Sector / % of Turnover	
a)	a)
b)	b)
c)	c)
d)	d)
e)	e)
Employee Structure	
01) Direct Labor	
02) Engineering	
03) Quality	
04) Are your employees represented by a trade union?	

### 4 Product Certification

	Yes / No
01) UL (Underwriters Laboratories)	
02) CE (European-Union)	
03) CSA (Canada)	
04) CCC (China)	
05) C-Tick (Australia)	
06) TUV	
07) FM	
08) Others, please indicate	



**5 Quality Control**

	Yes / No
01) Do you perform feasibility study before first order?	
02) Is Inspection procedure and acceptance criteria described in document?	
03) Do you have Internal CAR system to address problem?	
04) Do you implement the Deviation / wavier system?	
05) Do you performed Internal audit and document the result?	
06) Do you conduct Quality Management Review?	
07) Do you have a calibration program in place?	
08) Do you Use the Design of Experiment (DOE) technique to solve problem?	
09) Do you have TPM program (Total Preventive Maintenance)?	
10) Do you use documented work instruction?	
11) Do you have a formal program for continuous improvement?	
12) Do you utilized Six Sigma tools / methodologies for continuous improvement program?	
13) Do you utilized Lean tools / methodologies / processes?	
14) Do you have a procedure to handle non-conformance product and will the customer be informed of the non-conformance for those part already delivered?	
15) Do you maintain traceability from finished goods to raw material lot?	
16) Do you establish the retention period for quality record?	

**6 Part Qualification Plan**

	Yes / No
01) Do you have a work flow chart? If yes please send a copy	
02) Do you have a quality control plan? If yes please send a copy	
03) Do you have a Process FMEA? If yes please send a copy	
04) Do you perform First Article Inspection	
05) Do you use Gauge Repeatability & Reproducibility for qualifying inspection equipment	

**7 Key Monitoring Indice**

	Yes / No
01) Tracking of First Pass Yield (%)	
02) Tracking of Final Yield (%)	
03) Tracking of Outgoing Quality (% or ppm level)	
04) Tracking of Scrap Cost (\$)	
05) Tracking of Rework (%)	
06) Tracking of Customer Return (% or ppm Level)	
07) Tracking of Delivery to Customer Lead Time (days)	
08) Tracking of Productivity (%)	
09) Tracking of Time to Close Corrective Actions (days)	
10) Tracking of Supplier Performance	

**8 Supplier Control**

	Yes / No
01) Do you have a documented procedure to select, qualify and control supplier (eg. Sub-contractor)	
02) Do you perform audit for your sub-suppliers	
03) Do you have a record of acceptable suppliers	

**9 Receiving / Incoming Inspection**

	Yes / No
01) Sampling plan, Mil-Standard 105, if no please indicate what other method you use.	
02) C=0	
03) Is the inspection result documented?	



**10 In Process Inspection**

01) Who is responsible for the set-up verification	
a) Operator	
b) Set-up Technician	
c) QC Inspector	
02) Who is responsible for the in-process inspection	
a) Operator	
b) Set-up Technician	
c) QC Inspector	
03) Is the inspection result documented? Yes / No	

**11 Outgoing Inspection**

	Yes / No
01) Sampling plan, Mil-Standard 105, if No please indicate what other method you use.	
02) C=0	
03) Is the inspection result documented	

**12 Failure Analysis**

	Yes / No
01) Does your company have failure analysis capabilities	
02) Which department function is responsible for the analysis	
03) What is the typical turn-around time for the analysis	
04) Using of 8D format to reply corrective actions	
05) List the equipment that used to do the analysis	

**13 Process Control**

	Yes / No
01) Do you monitor critical process parameters, if yes please indicate	
02) Do you use SPC control chart for process control?	
03) Do you have a formal PM (preventive maintenance) for major production machine?	
04) Do you perform process capability study, if yes what is the targeted cpk	
05) Do you perform MSA (Measuring System Analysis) for the measuring equipment?	
06) Do you perform 100% electrical testing?	
07) Do you have traceability from finished product to raw material level?	
08) Do you re-packed the parts?	
09) Do you have a process to verify correct drawing number and drawing index / revision to purchase order number?	
10) Do you segregate between inspected and non-inspected parts?	
11) Do you inspect the finish product prior to shipment?	

**14 Production Information**

	Yes / No
01) Do you have design function in your organization?	
02) Do you use documented work instruction in production?	
03) Do you use any production planning system, if yes please indicate	
04) How many hours does the industrial employee work in a week?	
05) Which shift pattern is used?	
06) Are you willing to maintain consignment stock?	
07) Do your company in RoHS program?	
08) Capable to produce class 3 PCB reference to IPC-6010 series / IPC-A-600_ (for PCB plant only)	

## 15 Change Management

	Yes / No
01) Do you have a method to manage customer drawing or document changed?	
02) Do you have a document control system in place?	
03) What notification system do you use for obsolete document, if yes please indicate method	
04) Do you have a method to inform customer if;	
a) Process Change	
b) Outsource of Production Processes	
c) Moving of Production Facility	
d) Changing of Supplier	
05) Do you have a method to ensure document revision matches the purchase order	

## 16 Training

	Yes / No
01) Do you have a formal training program for the production personnel?	
02) Are the training record being maintained?	

## 17 Logistic Information

	Yes / No
01) Does warehousing practice "First In - First Out" concept	
02) Are you willing to apply "just In time" or "Kanban"	
03) Are you willing to maintain consignment stock?	
04) Are you willing to support P+F if required by overtime?	
05) What was your average delivery / service performance for all customer?	
a) Last Year - % of Punctuality	a)
b) Current Year - % of Punctuality	b)
06) Do you evaluate your sub-suppliers using a rating system?	
07) Are handling of products, the storage, packaging and shipping controlled by written regulations?	
09) Do you have a product change notice system in place?	
10) Is Export Control Classification Number (ECCN) and Harmonized System (HS) code provided in any of your documents to customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO  Please specify:
Please specify which documents (e.g. quotation/delivery note, etc.)	
11) Do you have Electronic Data Interchange (EDI) interface with customer?	<input type="checkbox"/> YES <input type="checkbox"/> NO