This Supplier Profile is set out under the following headings:

1. Organization
2. Personnel
3. Facilities
4. Systems & Procedures
5. Products & Services
6. Customers
7. Quality System

The purpose is to gather information regarding your company to:

* Improve our understanding and ability to communicate with you as a supplier, or potential supplier
* Provide an update of your company’s current operation and future direction
* Establish baseline of your company’s current quality system

Please provide the completed questionnaire and applicable forms in electronic format if possible.

Questionnaire requested by:

Upon completion, please return this document to:

**Indal Technologies   
Curtiss-Wright   
3570 Hawkestone Road  
Mississauga, ON, Canada  
L5C 2V8  
Attention: Materials Manager**

Questionnaire completed by:

|  |
| --- |
|  |
| (Company Name) |
|  |
| (Type or Print Name) |
|  |
| (Title) |
|  |
| (Date) |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.0 | ORGANIZATION | | | | | | | | |
| 1.1 | **Name of Company:** | | |  | | | | | |
| **Mailing Address:** | | |  | | | | | |
| **City:**       **Province or State:**  **Country:**       **Postal or Zip Code:**  **Telephone:**  **Fax:**  **Website:** | | | | | | | | |
| 1.2 | **Type of Business:** Manufacturer:  Assembly Shop:  Distributor:  Service:  Other (Specify): | | | | | | | | |
| 1.3 | **Current Status:** Proprietorship:  Partnership:  Corporation: | | | | | | | | |
| 1.4 | **What date was your organization established:** | | | | | | | | |
| 1.5 | **If applicable, list the name of your parent company and any subsidiary below:**  Parent:  Subsidiary:  Associates: | | | | | | | | |
| 2.0 | PERSONNEL | | | | | | | | |
| 2.1 | **Key Management Positions:**  Phone / Extension E-Mail  General Manager:  Sales Manager:  Quality Manager:  Materials Manager: | | | | | | | | |
|  | Please attach a copy of your current organization chart:  Attached:  Not Available: | | | | | | | | |
| 2.2 | **Total Number of Employees:** As at:  Administration:       Engineering:  Production:       QA / QC: | | | | | | | | |
| 2.3 | **Industrial Relations:**  Is there a Union Agreement?  YES:  NO: | | | | | | | | |
|  | If yes, specify length of contract and expiry date.  Union:       Local:  Length:       Expiry Date:  Covers: | | | | | | | | |
| 2.4 | **Other Required Information:**  Have you supplied organizations where the end products have been delivered to governments for military applications?  YES:  NO:  Is your facility equipped to safeguard sensitive documents?  YES:  NO:  Are you prepared to limit and control the distribution of sensitive information that we may provide you?  YES:  NO:  Who is the company security officer in relation to sensitive information? | | | | | | | | |
| 2.5 | **Does your facility shut down for vacation:**  YES:  NO:  If yes, please state normal vacation schedule: | | | | | | | | |
| 3.0 | FACILITIES | | | | | | | | |
| 3.1 | **Indicate the approximate square footage of:**  Office:       Entire Facility:  Shop:       Warehouse: | | | | | | | | |
| 3.2 | **Please attach a copy of your current equipment list:**  YES:  NO:  Not Available:   If N/A, please complete table below | | | | | | | | |
|  | EQUIPMENT | | | | | | CAPACITY | | |
|  |  | | | | | |  | | |
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| 3.3 | **Indicate which types of measuring units are used by your company:**  Metric:  Imperial:  Both: | | | | | | | | |
| 3.4 | **Does your organization have a code of conduct in place?**  YES:  (ATTACH A COPY) NO: | | | | | | | | |
| 3.5 | **Does your organization have an environmental policy in place?**  YES:  (ATTACH A COPY) NO: | | | | | | | | |
| 4.0 | SYSTEMS AND PROCEDURES | | | | | | | | |
| 4.1 | **Does your organization have established procedures covering all aspects of business processes?**  YES:  NO:  N/A | | | | | | | | |
| 4.2 | **Does your organization utilize a computer based software system to control the business:**  YES:  NO:  If yes, please specify name & release: | | | | | | | | |
| 4.3 | **Does your organization utilize a computer based software system to control engineering design activity:**  YES:  NO:  If yes, please specify name & release: | | | | | | | | |
| 5.0 | PRODUCTS AND / OR SERVICES | | | | | | | | |
| 5.1 | **List the principal product(s) or service(s) sold, assembled or distributed by your company:** | | | | | | | | |
|  | 1. | |  | | | | | | |
|  | 2. | |  | | | | | | |
|  | 3. | |  | | | | | | |
|  | 4. | |  | | | | | | |
|  | Please attach a copy of your current company brochure:  YES:  NO:  N/A | | | | | | | | |
| 5.2 | **Are any of your products or services evaluated, tested, qualified or approved by recognized agencies such as CSA, UL, CGSB, etc.**  YES:  NO:  N/A  If yes, please specify: | | | | | | | | |
| 5.3 | Is your organization capable of accepting EFT payments? YES:  NO: | | | | | | | | |
| 6.0 | CUSTOMERS | | | | | | | | |
| 6.1 | **List three (3) major customers for which your organization has or is currently performing work:** | | | | | | | | |
|  | 1. |  | | | | | | % of Business |  |
|  | 2. |  | | | | | | % of Business |  |
|  | 3. |  | | | | | | % of Business |  |
| 7.0 | QUALITY SYSTEM | | | | | | | | |
| 7.1 | **Does your organization have an established quality system:**  YES:  NO: | | | | | | | | |
| 7.2 | **If yes, which standard(s) does your system certified to:**  (ATTACH COPY OF CERTIFICATE) | | | | | | | | |
| 7.3 | **How long has your quality system been established:** | | | | | | | | |
| 7.4 | **Has your quality system ever been audited and approved by any of your customers or a recognized jurisdiction:**  YES:  NO:  N/A  If yes, by whom: | | | | | | | | |
| 7.5 | **Do any of your major customers perform surveillance or source inspection at your company:**  YES:  NO:  N/A  If yes, by whom: | | | | | | | | |
| 7.6 | **Who within your organization is the Quality Management Representative:** | | | | | | | | |
|  |  | | | |  |  | | | |
|  | (Name) | | | |  | (Title) | | | |
| 7.7 | **Who does this individual report to:** | | | | | | | | |
|  |  | | | |  |  | | | |
|  | (Name) | | | |  | (Title) | | | |
| 7.8 | **Does your organization have a Quality Manual:**  YES:  (ATTACH COPY OF MANUAL) NO: | | | | | | | | |
| 7.9 | **Does your organization have written Quality System procedures for the following:**  Control of Documents: YES  NO  Control of Records: YES  NO  Quality Planning: YES  NO  Management Review: YES  NO  Human Resources & Training: YES  NO  Health & Safety: YES  NO  Planning of Product Realization: YES  NO  Customer Related Processes: YES  NO  Design & Development: YES  NO  Purchasing: YES  NO  Production and Service: YES  NO  Control of Monitoring & Measuring Devices: YES  NO  Customer Satisfaction: YES  NO  Internal Audit: YES  NO  Monitoring & Measurement of Products & Processes: YES  NO  Continual Improvement: YES  NO  Control of Nonconforming Product: YES  NO  Corrective & Preventive Action: YES  NO | | | | | | | | |
| 8.0 | COMPLIANCE | | | | | | | | |
| 8.1 | Please confirm you comply with the following:  a) CW Indal PO Terms & Conditions: YES  NO  b) CW Indal Applicable Quality (QAP) Clauses: YES  NO  \*See section 8.2 for QAP Clauses.  Supplier Response: (Please explain if any Terms & Conditions or QAP Clauses cannot be met).       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 8.2 | Please visit URL below to review the Quality Assurance Provisions (QAP) Clauses and identify the clause(s) which you can comply to and which correspond with your business.   https://www.cw-ems.com/indal/mississauga/default.aspx | | | | | | | | |

Thank you for taking the time to complete our Supplier Questionnaire!