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-MailGeneral 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 |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
| 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!