



BREG

2611 Commerce Way, Vista, CA 92083

SUPPLIER SELF-ASSESSMENT FORM

COMPANY CONFIDENTIAL

Please attach an organization chart, credit references and any additional information you feel necessary for proper completion and understanding of this report.

GENERAL BUSINESS INFORMATION

1. Company Name: _____
2. Address: _____

3. Product or Service your Company provides: _____
4. Date: _____
5. Tax ID Number: _____
6. Are you CT-PAT Certified? _____
7. Status of Ownership (Publicly held, minority owned small business, etc.): _____
8. Type of Business (manufacturer or distributor): _____
9. Products Manufactured or Services performed: _____
10. Business Status (i.e., woman owned, minority owned): _____
11. What was your sales volume last fiscal year? _____
12. Number of Locations: _____
13. Years in Business: _____
14. Sq. Footage of Building: _____
15. Number of Employees: _____
16. Union or Non-Union: _____
17. Number of Shifts: _____
18. Present Capacity Being Utilized: _____
19. Do you have a documented Disaster Recovery Plan? _____
20. Key Personnel:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
21. Number of Customers: _____
22. Your company's largest customer holds what percentage of the customer base? _____
23. Does the company do business with any other medical companies? If yes, what percentage of your business is medical? _____
24. Future business focus: _____



QUALITY AND MANAGEMENT RESPONSIBILITIES

- 25 Is the company a certified supplier with any other customer? _____
- 26 Is the company ISO certified? If so, please attach copy of certification. _____
- 27 If not, any future plans to do so? _____
- 28 Other Quality Systems Certification obtained? _____
- 29 a. Is the company FDA registered? _____
- b. Any other registrations? _____
- 30 If so, what was the last date of audit? _____
- 31 Does the company track: _____
- A On Time Delivery _____
- B Quality _____
- C If yes, what is your on-time Delivery /Quality Performance? _____
- 32 Does the company have a written quality manual that includes a written quality statement? _____
- 33 Who is the management representative for quality? _____
- 34 Is there a documented internal audit program in place? _____
- 35 Do you have a formalized Training Program in place for all employees? _____
- 36 Do you have a Calibration Program in place and is it traceable to N.I.S.T. standards? _____
- 37 Is there a documented Corrective Action Program in place? _____

COST MANAGEMENT

- 38 Is the supplier willing to share cost data with the customer? _____
- 39 Does the supplier track performance against profitability goals? _____
- 40 Does the supplier track operating budgets and forecasts? _____
- 41 Does the supplier have an activity based costing or total costing system? _____
- 42 Does the supplier have effective control over: _____
- Inventory _____
- Overtime _____
- Labor Costs _____
- 43 Can the supplier show it is financially stable using generally accepted accounting _____



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principles, as audited by an independent accounting firm.

- 44 Is the supplier able to demonstrate a trend of continuous sales and profitability growth over the past five years?
- 45 Has the supplier changed ownership over the past few years?

PROCESS CONTROL AND CAPABILITY

- 46 Has the supplier experienced any work stoppages in the past three years?
- 47 Does the supplier have a capacity planning tracking system in place?
- 48 If capacity issues arise, how are they resolved?
- 49 Does the company utilize statistical process control techniques?
- 50 Is there a formal preventative maintenance Program in place on all equipment?
- 51 Does the supplier notify the customer of late deliveries and non-conformities in advance of the scheduled due date?

ENVIRONMENTAL CONTROL AND SAFETY

- 52 Does the plant monitor compliance to any regulatory agencies?
- 53 Is there a formal safety program?
- 54 Are there programs in place for environmental control?

Note: To those suppliers who perform no manufacturing at their facility, but are strictly distribution only, please note so on line 7, and fill out this form to the best of your ability.

Company: _____

Supplier Signature: _____

Print Name: _____

Title: _____

Date: _____