The purpose of the following survey is to obtain company profile information, and evidence that suppliers to Cree Lighting have appropriate quality controls and/or systems in place to ensure delivered product complies with purchase order requirements. Each question requires a response. Supporting information in the form of a brief reference to the supplier’s method of control is required.

**Part 1: Supplier Profile**

### Survey prepared by:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| E-mail |  |
| Date |  |

**General Information**

|  |  |
| --- | --- |
| Supplier Name |  |
| Address |  |
| Phone |  |
| Fax |  |
| Web site |  |

# Business Profile

|  |  |
| --- | --- |
| Year company was established |  |
| Annual sales volume last year |  |
| Annual sales volume projected this year |  |
| Products produced / Industries served |  |
| What percentage of business do you limit to a single customer? |  |
| List of major customers |  |
|  |  |
|  |  |
|  |  |

If this operation is a division or subsidiary, state the parent company.

|  |  |
| --- | --- |
| Company |  |
| Street Address |  |
| City, State, Zip |  |
| Country |  |

##### Ownership of Company

Public:  Private:

**Minority Owned**

Yes:  No:

**Finance and Terms**

|  |  |
| --- | --- |
| D&B Rating: |  |
| Payment Terms: |  |
| Shipping Terms: |  |
| Standard Lead Time: |  |

**Certifications**

|  |  |  |  |
| --- | --- | --- | --- |
| Has your company obtained any of the following certifications? | | | |
| ISO 9001: | Yes | No | Registrar: |
| TS 16949: | Yes | No | Registrar: |
| ISO 14000: | Yes | No | Registrar: |
| If not, what are your plans to achieve certification? | | | |

Please include a copy of your *Certificate* and *Quality Manual*.

**Facilities**

|  |
| --- |
| Is the company unionized? Yes  No |
| If yes, when is the next contract renewal date? |
| What is the manufacturing shift structure? |
| Are there plans for expansion? |
| Does your company have a safety program to ensure adequate precautions against potential safety issues? Yes  No |
| Does your company have a safety management program that tracks, audits and drives corrective action and continuous improvement regarding safe practices and employee health and safety? Yes  No |

Provide the following details for additional manufacturing/production facilities:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Function** | **Product** | **Overall Capacity/ Current Capacity** | **Age** | **Own /**  **Lease** | **Square Feet** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Number of employees at each location:**

|  |  |  |  |
| --- | --- | --- | --- |
| Location Name | Location 1: | Location 2: | Location 3: |
| No. of Employees Dedicated to Engineering Functions |  |  |  |
| No. of Employees Dedicated to Quality System Functions |  |  |  |
| No. of Employees Dedicated to Manufacturing Functions |  |  |  |
| Total Employees at Location |  |  |  |

**Provide the following details for subcontracted operations:**

|  |  |  |
| --- | --- | --- |
| **Company** | **Address** | **Function** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Key Contacts*** | ***Name*** | ***Phone #*** | ***E-mail Address*** |
| *President / CEO* |  |  |  |
| *Engineering* |  |  |  |
| *Sales* |  |  |  |
| *Quality Assurance* |  |  |  |
| *Sales Representative* |  |  |  |
| *Distributor* |  |  |  |

**Part 2**: **Addendum for Potential Drop Ship Suppliers (Cree Lighting Only)**

**RGA Policy**

|  |
| --- |
| For product non-conformances, will you work with:   1. Cree Lighting Only 2. The End User only 3. Either Cree Lighting or the End User |
| Do you provide warranty coverage for all components comprising your product? Yes  No |
| If no, what components do you not directly warranty? |
| List the contacts at subcontractors that we would need to utilize for warranty purposes: |
| What are the warranty/return policies for your products?  As complete products: Yes  No  As components: Yes  No  Lamps:  Ballasts:  Igniters:  Housings:  Lenses:  Other: |
| Do you prefer a primary contact to work with? Yes  No  If yes, a contact will be assigned to your account. |
| Will you be providing Cree Lighting with a primary contact? Yes  No  Name:  Address:  Phone:  Fax:  E-mail:  If no, please provide preferred method of communication and all applicable numbers. |

**Part 3: Quality Survey**

**Customer Requirements**

|  |
| --- |
| 1. Describe how customer requirements (drawings, specifications, etc.) are reviewed, approved, controlled and implemented?   Please detail: |
| 1. Upon request, will you provide the following:  |  |  | | --- | --- | | 1. Raw material certifications | Yes  No | | 1. Certificates of conformance | Yes  No | | 1. First article inspection data | Yes  No | | 1. Critical dimension data per lot/ shipment | Yes  No | | 1. RoHS certifications | Yes  No | |

**RoHS Management**

|  |
| --- |
| 1. Is there a formal RoHS compliance process in place to ensure that the products delivered meet all applicable RoHS requirements?   Yes  No |
| 1. Is RoHS compliance verified through:   3rd Party declaration certificates  In-house testing capability  Please Detail: |

**Change Management**

|  |
| --- |
| 1. Does the change control process require written notification and customer approval PRIOR to implementation and shipping of major changes?   Yes  No |
| 1. Provide examples of major changes that would require written notification and approval prior to implementation and shipping? |

**Design Control (if applicable)**

|  |
| --- |
| 1. Describe the design verification and validation process for new product development?   Please detail: |
| 1. Upon request, will you provide design verification and design validation results (data) to your customers?   Yes  No |

**Process Control**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Which of the following process control tools are used?  |  |  | | --- | --- | | 1. Process flow diagrams | Yes  No | | 1. Design FMEAs | Yes  No | | 1. Process FMEAs | Yes  No | | 1. Control Plans | Yes  No | | 1. Statistical process control | Yes  No | |
| 1. Upon request, will you provide copies of the above controls?   Yes  No |

**Product Traceability**

|  |
| --- |
| Describe how, and to what extent, product traceability (Serial Number, Lot #, etc.) is maintained?  Please detail: |

**Inspection and Testing**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Provide a list of measurement and test equipment, including quantity, age and capability?  |  |  |  |  | | --- | --- | --- | --- | | **Measurement & Test Equip** | **Qty** | **Age** | **Capability** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. Does your company have in-house gage manufacturing capability?   Yes  No |
| 1. Does your company incorporate geometric dimensioning and tolerancing (GD&T) in your drawing review and inspection processes?   Yes  No |
| 1. Have measurement system analysis (MSA) and/or gage repeatability and reproducibility (Gage R&R) analysis been completed for all measurement and test equipment?   Yes  No |

**Process Equipment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Provide a list of major process equipment, including quantity, age and capability?  |  |  |  |  | | --- | --- | --- | --- | | **Process Equipment** | **Qty** | **Age** | **Capability** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

**Tooling (if applicable)**

|  |
| --- |
| 1. Are preventative and/or predictive maintenance techniques used on tooling?   Yes  No  Please detail: |
| 1. Are tool lifetimes established?   Yes  No |
| 1. Does your company have in-house tool making capability?   Yes  No |
| 1. Does your company outsource tool making capability?   Yes  No  What percentage of tooling is outsourced? |
| 1. Upon request will you agree to:  |  |  | | --- | --- | | 1. Notify Cree Lighting of tool changes and tool rebuilding schedules? | Yes  No | | 1. Ensure Cree Lighting approves (in writing) all tooling changes | Yes  No | | 1. Provide Cree Lighting with all tooling drawings and specifications | Yes  No | |

**Recycled, reground, scrap material**

|  |
| --- |
| 1. Does your company incorporate recycled, reground or scrap material in your manufacturing?   Yes  No |
| 1. Does your company require written customer approval prior to using recycled, reground or scrap materials in manufacturing?   Yes  No |

**Corrective and Preventive Action, Customer Complaints**

|  |
| --- |
| 1. Describe the process used to determine the root cause of non-conformances and the implementation of corrective and/or preventive actions?   Please detail**:** |
| 1. Describe how customer complaints are managed and the format used in responding to customer non-conformances?   Please detail**:** |
| 1. Does your company monitor and manage complaint response time against customer expectation: 48 hours (containment) and 10 days (root cause and corrective actions)?   Yes  No |