

SUPPLIER QUESTIONNAIRE



COMPANY NAME (Full name): _____
 Isuzu Supplier Code (if known): _____

GENERAL INFORMATION

HEAD OFFICE ADDRESS: _____
 SALES OFFICE ADDRESS: _____
 PARENT COMPANY(S): _____
 OWNERSHIP: _____
 AUTOMOTIVE JOINT VENTURES: _____
 TECHNICAL AGREEMENTS: _____

FACILITY INFORMATION

PLANT NAME (which will supply parts to Isuzu): _____
 PLANT ADDRESS: _____
 GENERAL MANAGER: _____ PHONE NUMBER: _____
 EMAIL: _____ FAX NUMBER: _____
 QUALITY MANAGER: _____ PHONE NUMBER: _____
 EMAIL: _____ FAX NUMBER: _____
 PRODUCTION MANAGER: _____ PHONE NUMBER: _____
 EMAIL: _____ FAX NUMBER: _____

SIZE OF PLANT: _____ AGE OF PLANT: _____
 DESIGNATED R&D FACILITY (YES OR NO) _____

EMPLOYEES

SHIFT	1ST	2ND	3RD
TOTAL EMPLOYEES:			
DIRECT:			
INDIRECT:			
SALARY:			
TEMPORARY:			

UNION OR NON-UNION?(Circle one)
 IF UNION, SPECIFY NAME(S): _____
 IF UNION, CONTRACT EXPIRATION DATE: _____

% ABSENTEEISM OVER LAST 12 MONTHS: _____
 AVG. HOURLY EMPLOYEE LENGTH OF SERVICE: _____

CUSTOMERS

Major Customers	Product Supplied	TRUCK CLASS 2, 3-4, 5-7, 8+	% of Business	Annual Quality PPM	Annual Volume

PROCESSES

SUPPLIER QUESTIONNAIRE



PLEASE LIST YOUR PROCESSES CURRENTLY UTILIZED AT THE PRODUCTION PLANT WHICH WILL MAKE PARTS FOR ISUZU: _____

TESTING / INSPECTION

TESTING / INSPECTION CAPABILITIES (List equipment available)

1) ENGINEERING & RELIABILITY TEST EQUIPMENT: _____

2) DIMENSIONAL: _____

OTHER CAPABILITIES: _____

SAFETY/ENVIRONMENTAL

LIST ANY SPECIFIC SAFETY OR ON-GOING ENVIRONMENTAL CONCERNS: _____

FUTURE PLANS

FUTURE CHANGES (LIST AND GIVE REASONS):

(Include such items as expansions, location changes, process improvements, process deletions, capital investments, changes in personnel levels, training, etc.) You may attach sheet if needed. _____

NAME OF PERSON COMPLETING PRE-SURVEY QUESTIONNAIRE: _____

TITLE: _____ PHONE: _____

EMAIL: _____ FAX: _____

PLEASE EMAIL THIS QUESTIONNAIRE ALONG WITH A COPY OF YOUR QUALITY CERTIFICATION TO YOUR PURCHASING COST ANALYST.