



Supplier Evaluation Questionnaire
Defense Maritime Solutions Inc..

Section 1A (Must be completed by All Suppliers)

DATE:							
VENDOR NAME:							
ADDRESS 1:							
ADDRESS 2:							
ATTENTION:							
CITY, STATE, ZIP:						COUNTRY:	
VENDOR WEBSITE							
A/R CONTACT NAME:						PHONE:	
E-MAIL ADDRESS						FAX:	
P/O CONTACT NAME:						PHONE:	
E-MAIL ADDRESS						FAX:	
TAX ID#							
FED ID#							
U.S. company (attach W-9)				Non-U.S. Company (attach W-89BEN-E)			
If conducting work on behalf of, or onsite for Defense Maritime Solutions Inc., attach Proof of Insurance.							
PAYMENT TERMS:		Net (30) Days					
		Discount Terms:					
		Other (please indicate reason):					
CURRENCY:		Specify currency material will be billed under					
*VERIFIED NOT ON GOVERNMENT EXCLUDED PARTIES LIST		(Requisitioner)				DATE:	
Section 1B Below to Be Completed By Defense Maritime Solutions Inc. Upon Return of Questionnaire							
DIRECTOR Supply Chain (or QUALITY SUPERVISOR) APPROVAL (RISK-2):						DATE:	
APPROVAL						DATE:	
DMS CONTROLLER'S APPROVAL:						DATE:	
Site Audit Required:	YES		NO		RISK LEVEL: (Check one below)		
Document Review Required:	YES		NO		1 does not directly affect product to DMS customers)		3 DMS personnel will have direct oversight
REQUESTOR: (Name, Title, Signature)					2 directly affects product OR SERVICE to DMS customers)		WA Supplier is a DMS company

*check Gov Excluded Parties List with compliance



Supplier Evaluation Questionnaire

Defense Maritime Solutions Inc.

Attention Supplier: Complete the following questionnaire based of the risk level checked above.

Risk Level 1: Complete Sections 1 through 3. However, you may complete additional sections if you wish.

Risk Level 2: Complete all sections. If you hold a current ISO 9001 Certificate, Section 8 is optional.

Risk Level 3: Complete sections 1-3.

Risk Level WA: Complete section 2.

Section 2a

Supplier Business Statistics

Type of Service performed or Products supplied _____

Key Personnel

Top Manager's Name _____ Title _____

Responsible for Complaints _____ Title _____

Responsible for Quality _____ Title _____

Sales Manager _____ Title _____

Accounting Manager _____ Title _____

Other key personnel _____ Title _____

Other key personnel _____ Title _____

Total Employees _____ Total Plant Area (Sq ft/m) _____

Number of Buildings _____ Total Production Area _____

Types of Buildings _____

Is your company receptive to Defense Maritime Solutions Inc. source inspection? Yes No

Is your company financial report available? (If so, please provide) Yes No

Is your organization certified to ISO 9001 quality management system standard? Yes No

Is your company certified to ISO 14001 environmental management system standard? Yes No

Is your company certified to OHSAS 18001 or ISO 45001 safety management system ? Yes No

List other applicable certifications that your company holds: _____

Please submit copies of current certificates with this questionnaire.

Section 2b

Business Size Certification

If you have difficulty ascertaining your size status, please refer to the SBA's website at www.sba.gov/size or contact your local SBA office.

Under 15 U.S.C 645 (d), any person who misrepresents its size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

- Business Size: _____ Small Business
 _____ Certified by SBA as a Small Disadvantaged Business
 _____ Certified by SBA as a HUB Zone Small Business
 _____ Woman Owned Small Business
 _____ Veteran Owned Small Business
 _____ Service Disabled Veteran Owned Small Business
 _____ Historically Black College/University or Minority Institution
 _____ Large Business (including non-profit)

Primary NAICS Code (if applicable) _____

Number of Employees: _____

Signature and Title _____ Date _____

Section 3

List the principle processes you can offer to meet the needs of the DMS organization?

Process/Service/Capability

Section 4

List principal customers and type of material or service to which your company has supplied in the past three years:

Name and telephone number	Material or type of service	Account Value

Section 5

List Companies, Classification Societies and Government Agencies which have performed Quality surveys and approved your facilities:

Name, Address and telephone number

Additional Facilities information you wish to include in this report:

Section 6

Does your company outsource any element or activity associated with the products or services you supply?

Yes No (If yes, please list your key suppliers or subcontractors)

Section 7

Please list (or attach) additional information that you deem appropriate:

Examples:

- Company organizational charts,
- Other Quality Certifications,
- Customer awards, quality awards
- Sales literature etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

11. Section 8

Supplier Process Review: Please answer the following questions about your business

#	Process Questions	Answer ALL - (No / Yes, check D if Documented)	N	Y	D
1	Does your organization have an implemented process to determine, review and communicate customer requirements internally from customer purchase Orders, drawings, specifications, manuals, etc.?				
2	Does your organization have an implemented process for retrieving, controlling, communicating and making available the revisions of customer provided documents such as specifications, drawings, POs, etc. ?				
3	Does your organization have an implemented process for controlling the revisions of internally generated documents such as procedures, work instructions and forms and ensure they are made available for use?				
4	Does your organization have an implemented process to make sure that requirements from customer purchase orders, contracts, drawings, specification, manuals, etc. are flowed down and communicated into the your business to make sure that all				
5	Does your organization have an implemented process for qualifying purchased product/service to make sure that is capable of meeting customer requirements?				
6	Does your organization have an implemented process for protecting customer supplied materials from damage or deterioration?				
7	Does your organization have an implemented process for controlling nonconforming product/service to prevent its use and delivery to the customer?				
8	Does your organization have an implemented process for inspecting product/service in process or at end of process to ensure that the product/service meets all of the customer's requirements?				
9	Does your organization have a documented process for managing measurement devices (such as calipers, micrometers, etc.) to ensure their periodic calibration and prevent their damage, deterioration or misadjustment?				
10	Does your organization have an implemented process for managing customer complaints, and resolving them?				
11	Does your organization have an implemented process for training with consideration of the organizations procedures and customers requirements?				
#	Process Questions (Additional Systems)	Answer ALL	N	Y	D
12	Does your organization have an implemented process for establishing and controlling process parameters (such as, but not limited machine speeds, pressures, etc.) on machines and equipment to reduce process variance?				
13	Does your organization have an implemented process for identifying finished product with its inspection status?				
14	Does your organization have an implemented process for for controlling and storing records, preventing their damage or deterioration, and making them readily retrievable.				
15	Does your organization have an implemented process for identifying customer product with no less than the customer's part number?				
16	Does your organization have an implemented process for identifying and recording traceable information for product or service provided?				
17	Does your organization have an implemented process for conducting internal audits against internal and external applicable requirements?				
18	Does your organization measure its quality and delivery performance through established, quantifiable metrics?				
19	Does your organization conduct periodic management review meetings to review overall business performance related to quality and make decisions related to changes, improvements, etc?				
20	Does your organization have an implemented process for soliciting customer feedback on their perceptions of your performance as a business?				
21	Does your organizations top management lead efforts to meet and/or exceed customer expectations, continually improve, reduce waste and improve safety?				
22	Does your organization consider business risks, health & safety risks, and environmental risks prior to implementing changes?				
23	Does your organization have an implemented safety program?				
24	Does your organization have an implemented environmental program?				
If you answered "NO" to any of the questions 1-11 and you wish a special consideration be made because you believe the item does not apply to your organization, please document your request below.					

Comments: _____
