



Subcontractor / Supplier Pre-Bid Qualification

All fields must be filled out unless otherwise noted.

Supplier Name: _____ Contact: _____
 Remit to Address: _____ Email: _____
 City: _____ Telephone: _____
 State: _____ Zip Code: _____ Fax: _____
 Country: _____

Postal Address: _____
 City: _____ Federal Tax ID: _____
 State: _____ Zip Code: _____
 Country: _____

**PLEASE PROVIDE A VALID INSURANCE CERTIFICATE
MINIMUM REQUIREMENTS PER ATTACHED SAMPLE**

Management Officials

Name : _____ Title : _____
 Name : _____ Title : _____
 Name : _____ Title : _____
 Name : _____ Title : _____

Who will be responsible to ensure that Contract/Purchase Order requirements are met: Name: _____ Title : _____

Who will be responsible to ensure required drawings and data are accurate, legible and submitted in accordance with scheduled requirements : Name: _____ Title : _____

Employee Information

(Note any professional certifications)

Total Number of Employees : _____ # Employees by Category:

Engineering Contact : _____	Yrs. Experience : _____	Engineer'g: _____
Research & Development Contact : _____	Yrs. Experience : _____	R & D: _____
Production Contact : _____	Yrs. Experience : _____	Production: _____
Quality Control Contact : _____	Yrs. Experience : _____	QC: _____
Purchasing Contact : _____	Yrs. Experience : _____	Purchasing: _____
Estimator (Quoting) Contact : _____	Yrs. Experience : _____	Estimating: _____
Expeditor Contact : _____	Yrs. Experience : _____	Expediting: _____
Other : _____	Yrs. Experience : _____	Other: _____

Union Affiliation : YES _____ NO _____ If YES, please list affiliation : _____ Contract Exp. Date : _____

Is there a documented training & development program for employees that include a needs assessment, identification of training needs and requires training records to be maintained ? YES _____ NO _____

Does this include contract employees ? YES _____ NO _____

Supplier Financial Review - Provide a recent audited Financial Statement or fill in the following:

This information is required whether publicly or privately held. Failure to provide this information may prevent you from becoming pre-qualified.

2Yr Previous	Previous Yr	Current Yr	Current / Forecast	Description	Comments
				Net Equity Position	
				Cash Position	
				Borrowings Outstanding	
				Current Borrowing Excess Capacity	
				Borrowing Restrictions/Covenants	
				Annual Revenues	
				Customer Base and Changes	
				Law Suits Pending	
				Other	

Other

Max. project size you can be bonded for (if project specific): _____ Overhead Rate : _____

Supplier Financial Contact

Name : _____ Title : _____

Phone : _____ Fax : _____ Email : _____

MBE Minority Business Ent ? YES NO _____ If YES, please provide Certificate

WBE Woman Business Ent ? YES NO _____ If YES, please provide Certificate

Reference List

Company : _____ Contact : _____

Address : _____

Email : _____ Phone : _____

Company : _____ Contact : _____

Address : _____

Email : _____ Phone : _____

Company : _____ Contact : _____

Address : _____

Email : _____ Phone : _____

Facilities / Capacity

Total Plant Sq. Ft. : _____ Total Office Sq. Ft. : _____ Number of Buildings : _____

Plant Crane Capacity: _____ Hook to Floor Dimension _____

What is your Current Production Capacity: _____ %

Is there availability of resources on short notice or when needed to assure on time delivery: YES NO _____

Do you perform a capacity review for a short, medium and long term : YES NO _____

If YES, please explain the Review Process _____ Attach Copy of Plan

If NO, explain how you can ensure adequate capacity to support G-K requirements :

List Automation - Machinery & Equipment _____

Work Schedule

What is your current labor capacity: _____

Std Hours : _____

Std Shifts : _____

Work Week : _____

What is your projected labor capacity for this project (if project specific): _____

Hours : _____

Shifts : _____

Work Week : _____

Planning / Scheduling Abilities

What production planning tools do you utilize? Examples: _____

Do you have a Material Planning System : YES NO _____

What type of scheduling system do you utilize : _____

Do you utilize barcode labeling equipment : YES NO _____

Do changes to orders automatically place orders on hold : YES NO _____

Do you schedule, track and/or document all activities from order entry through manufacturing to shipping : YES NO _____
If YES, please supply G-K with your documented process flow.

Do you inventory critical material and/or components : YES NO _____

Equipment Information

Do you have a scheduled preventive maintenance program ? YES NO _____

Explain: _____

Is all machinery / equipment checked and or serviceable prior to startup and are the machine setting parameters defined and followed ?

YES _____ NO _____

Explain: _____

Safety Information

Does your company have a written safety plan? YES NO _____

Has your company received an OSHA citation within the past 3 years for any reason? YES NO _____

If Yes, Please state the number of citations in the last 3 years and describe below

Complete the following for the last three years: Year _____ Year _____ Year _____

Experience Modification Rate (EMR) _____ _____ _____

Days Away Restricted or Transferred (DART) _____ _____ _____

Recordable Incident Rate (RIR) _____ _____ _____

Includes "Recordables" and "Doctor Cases"

TOTAL HOURS WORKED: _____ _____ _____

Does your Company have a written Safety Plan: YES NO _____

Quality System

Certificate Registration (circle): ISO 9001:2000 TS16949 AS9000 MIL # _____ Other: _____
Provide Current Copy of Certificate

Does your Company have a Quality System Manual : YES NO _____ Last Update : _____

Are you using an Advance Product Quality Planning (APQP) process : YES NO _____

How will you inform G-K of a problem : _____

Does your company have a corrective action system: YES NO _____

Does your corrective action system follow the 8D, 7step, or similar problem solving method : YES NO _____

If NO, provide G-K a copy of your process

Do you have documented procedures for handling, storage, packaging, preservation, and delivery of product?

YES NO _____ Explain: _____

Do you have a system in place to ensure that products that do not conform to specific requirements are prevented from unintended use or installation?

YES NO _____ Explain: _____

Do you establish and maintain documented processes to control all documents and data that relate to customer requirements (i.e. customer drawings)?

YES NO _____ Explain: _____

Do you use a mistake proofing methodology in your corrective and preventive action process?

YES NO _____ Explain: _____

Do you have a documented quality policy that includes the objectives for quality and its commitment to quality, and is understood, implemented, and maintained at all levels of your organization?

YES NO _____

Inspection / Validation Information

List your inspection equipment and standard inspection methods you will be using:

What is your plan for documenting product validation and buy-off prior to shipment:

Do you retain records of this validation: YES NO _____ If yes, how long: _____

Is there an effective system for lot traceability?

YES NO _____ Explain: _____

Is date stamping utilized?

YES NO _____ Explain: _____

Do you use a visual identification system ?

YES NO _____ Explain: _____

Do you have a documented process for inspection and testing activities in order to verify that the specified requirements for the product are met?

YES NO _____ Explain: _____

Are all final inspections / testing done per a Control Plan or instructions to show evidence that the finished product conforms to specified requirements?

YES NO _____ Explain: _____

Do you have records which provide evidence that the product has been inspected and/or tested?

YES NO _____ Please provide an example (First Article Inspection Report, sample test data, etc)

Do you ensure gauges are properly calibrated : YES _____ NO _____

Sub-Contractor Information (Suppliers to your company)

Are any materials you purchase sole sourced (only one available source of supply) : YES _____ NO _____

If yes, explain which ones : _____

What is the typical lead time ? _____

What special processes do you subcontract ? Please List _____

What steps do you take to ensure supplier on-time delivery ? _____

Quoting / Estimating

Do current engineering workloads or product schedules affect quoted lead-times : _____

What is your turn around time for RFQ's ? _____

What is your turn around time for PO Acknowledgement ? _____

Are quoted lead-times company standards or determined on a case by case basis ? _____

Terms & Conditions

I certify that I / we have read G-K Purchase Order Terms and Conditions

[PROVIDE LINK TO G-K WEBSITE](#)

Date : _____

Authorized Signature : _____

Title : _____

SECTION TO BE COMPLETED BY G-K CONTRACTS MANAGER / PURCHASING

Taxable: YES _____ NO _____

Anticipate future orders : YES _____ NO _____

Why Add Subcontractor/S upplier:	_____ <i>Sole Source</i>
	_____ <i>Cost Savings</i>
	_____ <i>Customer Request</i>
	_____ <i>Superior Product</i>
	_____ <i>Other</i> _____
	_____ <i>Do Not Add</i>

Estimated annual spend : \$1 - \$999 _____

_____ *Non Incorporated = 0999* \$1,000 - \$49,999 _____

_____ *Incorporated = INC* \$50,000 + _____

_____ *Trial = NEW*

_____ *Probation = PRO*

Type of Subcontractor / Supplier: _____

OK To Source : YES _____ NO _____

Assigned Vendor ID: _____

APPROVALS

Buyer : _____

Date: _____

Quality : _____

Date: _____

PDE : _____

Date: _____

Engineering (if needed) : _____

Date: _____

Purchasing Mgmt : _____

Date: _____

Additional Comments :
