

**REQUIRED DOCUMENTS**

Please check the box next to the required supporting documentation to ensure compliance

 VALID INSURANCE CERTIFICATE 

 RECENT AUDITED FINANCIAL STATEMENT 

 REFERENCE(S) WITH CONTACT INFORMATION 

\*ADDITIONAL DOCUMENTATION MAY BE REQUIRED AS HIGHLIGHTED THROUGHOUT THE FORM

**COMPANY CONTACT INFORMATION**
*All fields must be filled out unless otherwise noted*

COMPANY NAME			CONTACT	
REMIT TO ADDRESS			EMAIL	
CITY	STATE		PHONE	
COUNTRY	ZIP		FAX	
POSTAL ADDRESS			FEDERAL TAX ID #	
CITY	STATE		DUNN & BRADSTREET	
COUNTRY	ZIP			

**COMPANY SAFETY REPRESENTATIVE**

NAME	EMAIL	CELL #
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**FINANCIAL CONTACT**

NAME	TITLE	CELL #
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FAX	EMAIL
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Minority Business Enterprise (MBE)

 YES 

 NO 

If YES, please provide certificate

Woman Business Enterprise (WBE)

 YES 

 NO 

If YES, please provide certificate

Other Diversity Business Enterprise

 YES 

 NO 

If YES, please provide certificate

**COMPANY MANAGEMENT**

Who will be responsible to ensure that the contract / purchase order requirements are met?

NAME	EMAIL	TITLE
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Who will be responsible to ensure required drawings and data are accurate, legible and submitted in accordance with scheduled requirements?

NAME	EMAIL	TITLE
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**KEY COMPANY PERSONNEL BY DEPARTMENT**
**TOTAL EMPLOYEES**

**DEPARTMENT CONTACTS**

Engineering Contact \_\_\_\_\_  
 Research & Development Contact \_\_\_\_\_  
 Production Contact \_\_\_\_\_  
 Quality Control Contact \_\_\_\_\_  
 Purchasing Contact \_\_\_\_\_  
 Estimator (Quoting) Contact \_\_\_\_\_  
 Expeditor Contact \_\_\_\_\_  
 Primary Sustainability Contact \_\_\_\_\_  
 Other \_\_\_\_\_

**EXPERIENCE**

Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience   
 Yrs. Experience

**TOTAL BY DEPARTMENT**

Engineering	<input type="text"/>
R&D	<input type="text"/>
Production	<input type="text"/>
QC	<input type="text"/>
Purchasing	<input type="text"/>
Estimating	<input type="text"/>
Expediting	<input type="text"/>
Environmental	<input type="text"/>
Other	<input type="text"/>

**UNION AFFILIATION**

YES   
 NO

If YES, please list affiliation \_\_\_\_\_

Contract Exp. Date \_\_\_\_\_

Does your company maintain a documented training & development program (includes a needs assessment, identification of training needs)?

YES  NO   
 YES  NO

Does this include contract employees?

**SAFETY**

Does your company have a written safety program? YES  NO

Is your company currently enrolled in ISNetwork? YES  NO

Has your company received an OSHA citation within the past three (3) years?

YES  NO

If YES, how many citations did your company receive in the three (3) year period?

If YES, please describe the citations below:

Complete the following for the last three (3) years

	YEAR	YEAR	YEAR
Experience Modification Rate (EMR)	EMR <input type="text"/>	EMR <input type="text"/>	EMR <input type="text"/>
Days Away Restricted or Transferred (DART)	DART <input type="text"/>	DART <input type="text"/>	DART <input type="text"/>
Recordable Incident Rate (RIR)	RIR <input type="text"/>	RIR <input type="text"/>	RIR <input type="text"/>
TOTAL HOURS WORKED	HRS <input type="text"/>	HRS <input type="text"/>	HRS <input type="text"/>

**CORPORATE SOCIAL RESPONSIBILITY (CSR)**

Is your company currently enrolled in EcoVadis? YES  NO

If YES, what is your current score?

Has your company established carbon neutrality goals? YES  NO

If YES, what are your goals?

Does your company have a documented policy declaring zero tolerance for harassment or discriminatory behaviors of any kind as it pertains to gender, color, race, national origin, religion, sexual orientation, age, veteran status, disability, or gender identity?

YES  NO

Does your company have a declaration that prohibits child, slave, prisoner or forced or involuntary labor of any kind?

YES  NO

**QUALITY / ENVIRONMENTAL SYSTEM**

Please check the applicable certificate registration

ISO 9001/2015  ISO 14001  TS16949  AS9000  MIL #

Does your company have a quality system manual? YES  NO  If YES, when was it last updated?

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

How will you inform GK 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? (If NO, provide GK a copy of your process) YES  NO

Do you have documented procedures for handling, storage, packaging, preservation, and delivery of product? YES  NO

Explanation: \_\_\_\_\_

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

Explanation: \_\_\_\_\_

Do you establish and maintain documented processes to control all documents and data that relate to customer requirements (i.e. customer drawings)? YES  NO

Explanation: \_\_\_\_\_

Do you use a mistake proofing methodology in your corrective and preventive action process? YES  NO

Explanation: \_\_\_\_\_

Do you have a documented quality policy that is understood, implemented, and maintained at all levels of your organization? YES  NO

Explanation: \_\_\_\_\_

**FINANCIAL REVIEW**

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	
				Lawsuits Pending	
				Other	

Maximum Bondability

Overhead Rate

**FACILITIES / CAPACITY**

Total Plant Square Footage  Total Office Square Footage  Total # of Facilities

Plant Crane Capacity  Hook to Floor Dimension

Current production capacity  % \_\_\_\_\_ Is there availability of resources on short notice 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 attach copy of plan

If YES, please explain the review process: \_\_\_\_\_

If NO, explain how you can ensure adequate capacity to support GK requirements: \_\_\_\_\_

Please use the space below to list current automation (machinery & equipment)


### WORK SCHEDULE

CURRENT LABOR CAPACITY

STD HOURS	<input type="text"/>	STD SHIFTS	<input type="text"/>	WORK WEEK	<input type="text"/>
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PROJECTED LABOR CAPACITY FOR THIS PROJECT (IF PROJECT SPECIFIC)

HOURS	<input type="text"/>	SHIFTS	<input type="text"/>	WORK WEEK	<input type="text"/>
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### PLANNING / SCHEDULING ABILITIES

Production planning tool(s) utilized: \_\_\_\_\_

What scheduling software do you utilize? \_\_\_\_\_

Do you have a material planning system? YES  NO

Do changes to orders automatically place orders on hold? YES  NO

Do you utilize barcode labeling equipment? YES  NO

Do you inventory critical material and/or components? YES  NO

Do you schedule, track and/or document all activities from order entry through manufacturing to shipping? \_\_\_\_\_

If YES, please supply GK with your documented process flow

### EQUIPMENT

Do you have a scheduled preventive maintenance program? YES  NO

If YES, please provide a brief description of the program: \_\_\_\_\_

Is all machinery / equipment checked and or serviceable prior to startup and are the machine setting parameters defined and followed? YES  NO

Explain: \_\_\_\_\_

### INSPECTION / VALIDATION

List the 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, for how long?

Is there an effective system for lot traceability? YES  NO   
Explanation: \_\_\_\_\_

Is date stamping utilized? YES  NO   
Explanation: \_\_\_\_\_

