


# GD NASSCO SUPPLIER QUALIFICATION SURVEY

## Supplier Instructions

### 1. Suppliers Instructions:

- a. Suppliers shall complete all items of this Qualification Survey in sufficient detail and accuracy to allow a proper evaluation of the supplier's capabilities. Where there is a need to clarify information on some of the "Yes/No" questions, please provide supplemental information either by attachment or by reference to the supplier's corporate website.
- b. The supplier must submit a current copy of their ISO 9001, ISO 14001, and OHSAS 18001 Registrations together with an uncontrolled copy of their ISO/OSHA manuals (or local industrial equivalent) as appropriate. If the Quality Manuals do not exist, the supplier shall provide a written description of their Quality Management Program.
- c. An audit of the supplier's facility by either GD Personnel or other Third Party representatives as contracted by GD, may be requested to verify the supplier's responses and complete a more detailed evaluation.
- d. Questions marked with these symbols require you to attach a copy of a particular document. If the document is attached, click the "ok" box.    ok
- e. Information submitted with this survey shall be maintained in strict confidence.

### 2. Table of Contents:

- A. Supplier Information Sheet
- B. Company and Financial Data
- C. Supply Chain Management
- D. Documentation Checklist
- E. Required Insurance Requirements

**Please Continue to Sections A,B,C,D,E**

# SUPPLIER QUALIFICATION SURVEY

## A. SUPPLIER INFORMATION SHEET (Supplier Complete)

<b>Company Name:</b> (Yours)		<b>Company Name that you represent</b> (as an agent or distributor)	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	
<b>Email</b>		<b>Email</b>	
<b>Website</b>		<b>Website</b>	

<b>Business Type:</b>		<b>Type of Commodity/Services:</b>	
Manufacturer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Certification of Business Status:</b>	
Distributor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Small Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Women-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Small-Disadvantaged Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ownership Status:</b>		HUBZone Business	<input type="checkbox"/> Yes <input type="checkbox"/> No
Government-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service Disabled Veteran-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Publicly-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Privately-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Quality/Environmental/Safety:</b>	
Foreign-Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No	ISO 9001 (Quality)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed W9 Tax Form	Provide <input type="checkbox"/> OK	ISO 14001 (Environmental)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax ID Number	<input type="checkbox"/> OK	OHSAS 18001 (Safety)	<input type="checkbox"/> Yes <input type="checkbox"/> No
D-U-N-S® Number		Other (please state)	

Points of Contact	Name	Title	Phone	Email
Primary POC				
Secondary POC				

**Please Continue to Sections B-E**

**NASSCO BUYER TO COMPLETE BELOW:**

Visual Compliance	Date:	Certifications and Status	Exp Date	Comments
Experian	Date:	Supplier Certification		
EDI Capable	<input type="checkbox"/> Yes <input type="checkbox"/> No	EEO Pre-Award Clearance (required for orders with US Companies > \$10M)		

**FOR MANAGEMENT APPROVAL:**

Management Review	Type Name and Date	Management Comments:						
Director								
Manager/Supervisor								
Buyer		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Qualified</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Not Qualified</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Qualified	<input type="checkbox"/>	Not Qualified	<input type="checkbox"/>
Qualified	<input type="checkbox"/>							
Not Qualified	<input type="checkbox"/>							
		VENDOR NUMBER:						

<b>B. COMPANY AND FINANCIAL DATA (Supplier Complete)</b>	
Total sales current year (\$)	
Total sales previous year (\$)	
Preferred Currency	
Number of years Company has been in business?	
Number of Employees?	
Please provide a copy of your most recent financial statements. If not provided, please provide an explanation for this omission.	Supplier Comments:

<b>C. SUPPLY CHAIN MANAGEMENT (Supplier Complete)</b>	
Does your company have a Qualified Suppliers List (QSL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are quality assurance requirements identified for sub-suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are audits conducted on sub-suppliers to ensure customer requirements are met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a clear process flowing down customer's requirements to the sub-tiers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you maintain running supplier performance metrics and provide feedback?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have experience with Government contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have procedures and practices in place to ensure proper business ethics are enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company in compliance with the Foreign Corrupt Practices Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company certify compliance with the Federal Regulation on Combatting Trafficking in Persons and the California Transparency in Supply Chains Act of 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have policies in place to disclose the use of conflict materials as defined in Dodd-Frank Wall Street Reform and the Consumer Protection Act of 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a counterfeit electronic part mitigation strategy and procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. DOCUMENTATION CHECKLIST (Supplier Complete as Applicable)	
Organization Chart	<input checked="" type="checkbox"/> <input type="checkbox"/> OK
ISO 9001 (Quality)	<input checked="" type="checkbox"/> <input type="checkbox"/> OK
ISO 14001 (Environmental)	<input checked="" type="checkbox"/> <input type="checkbox"/> OK
OHSAS 18001 (Safety)	<input checked="" type="checkbox"/> <input type="checkbox"/> OK
Quality Manual (if not ISO 9001)	<input checked="" type="checkbox"/> <input type="checkbox"/> OK
Financial Statement	<input checked="" type="checkbox"/> <input type="checkbox"/> OK
Other - specify	
Supplier's Supplemental Comments:	

E. REQUIRED INSURANCE (Supplier Complete)	
Insurance: Do you carry the following levels of Insurance? If not indicate if you are willing to acquire.	
Commercial, General Liability: (Bodily injury and property damage combined single limit)	
\$2,000,000 Per Occurrence:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Acquire
\$2,000,000 In Aggregate:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Acquire
<b>YOU ARE COMPLETE - THANK YOU</b>	