

# PIVOTAL

## SUPPLIER SURVEY

### INTRODUCTION

Suppliers are selected based on their ability to meet our requirements, including technical capability, product and service quality, innovative product and service improvements, responsiveness, timely and accurate delivery, total cost, financial strength and best overall value. These are consistent with Pivotal's own expectations for service to its customers and reflect the spirit of partnership we expect with our suppliers.

Pivotal also believes that suppliers with mature Quality & Safety programs create success for themselves and their customers. This survey is designed to understand these capabilities and provide PA with a baseline of performance that we require. After completing the survey Pivotal will review, and if agreed upon by the Supply Chain Leadership, the supplier will be labeled in our Purchasing system as an approved supplier for the core competency listed.

### INSTRUCTIONS

1. Supplier shall complete sections 1 through 31 and sign the SUPPLIER STATEMENT at the end of section 31.
2. For section 3 *TYPE OF BUSINESS*, suppliers shall select all capabilities the manufacturing facility can support. NOTE that supplier is not authorized to subcontract the entire work to a third party.
3. When a section is not applicable, be sure to specify n/a.
4. For section 27 *SUPPLIER CAPABILITIES FOR IN-HOUSE PROCESSES*, do list processes that are in-house and not outsourced.
5. For section 30 & 31 *QUALITY SYSTEMS*, do provide the standard you are accredited and the expiration date.

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## Supplier Survey

<b>1. SUPPLIER LEGAL NAME:</b>  <b>Doing Business As (DBA):</b>
<b>2. MANUFACTURING FACILITY ADDRESS:</b> (Street, City, State, Zip code)

### 3. TYPE OF BUSINESS (CORE COMPETENCE)

<input type="checkbox"/> Box Build <input type="checkbox"/> Calibration <input type="checkbox"/> Composite/Layup  <b>CNC:</b> <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Machining <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Micro Precision <input type="checkbox"/> Other  <b>Contract Manufacturing:</b> <input type="checkbox"/> Box Build <input type="checkbox"/> PCBA <input type="checkbox"/> Cable/Wire Harness <input type="checkbox"/> Other  <b>Electronic (passive/active) &amp; Electro-Mechanical Supplier:</b>  <input type="checkbox"/> Authorized Distributor <input type="checkbox"/> Manufacturer (OEM) <input type="checkbox"/> Independent Distributor <input type="checkbox"/> Other  <b>Electronic Circuitry:</b> <input type="checkbox"/> Quick Turn <input type="checkbox"/> Production <input type="checkbox"/> Flex <input type="checkbox"/> Rigi-flex <input type="checkbox"/> Rigid/PCB <input type="checkbox"/> Other	<b>Plastic Process:</b> <input type="checkbox"/> Blow Compression <input type="checkbox"/> Injection Molding <input type="checkbox"/> Compression <input type="checkbox"/> Rotational Molding Molding <input type="checkbox"/> Thermoforming <input type="checkbox"/> Extrusion <input type="checkbox"/> Other  <b>Plating Process:</b> <input type="checkbox"/> Anodizing <input type="checkbox"/> Nickel Plating <input type="checkbox"/> Alloy Plating <input type="checkbox"/> Rhodium Plating <input type="checkbox"/> Cadmium Plating <input type="checkbox"/> Silver Plating <input type="checkbox"/> Chrome Plating <input type="checkbox"/> Sputter Deposition <input type="checkbox"/> Composite Plating <input type="checkbox"/> Tin Plating <input type="checkbox"/> Electroless Nickel <input type="checkbox"/> Vacuum Deposition Plating <input type="checkbox"/> Vapor Deposition <input type="checkbox"/> Electroplating <input type="checkbox"/> Zinc-Nickel Plating <input type="checkbox"/> Electroless Plating <input type="checkbox"/> Zinc Plating <input type="checkbox"/> Gold Plating <input type="checkbox"/> Metallizing  <input type="checkbox"/> Value-Add  <input type="checkbox"/> Other			
4. Phone # 5. Fax # 6. Company URL:	7. Dunn & Bradstreet (D&B#)	8. Cage Code	9. ITAR REGISTERED	10. NAICS Classification <a href="https://www.census.gov/naics">https://www.census.gov/naics</a>
11. Product Line (Describe Services or Products)				

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12. Years in Business	13. Organization: <input type="checkbox"/> Public Traded <input type="checkbox"/> Privately Held	14. Union	15. % of Work Sub-Contracted (specify type, i.e. cable assy)	
16. Hours of Operation	17. # of shifts: 18. # of employee/shift:	19. Own or Lease Building: (if leased, state end term)		
20. Sq Ft Mfg:	21. Sq Ft Whse:	22. Sq Ft Total:		
23. Total Number of Employees:	24. Number of Engineers:	25. Number of Production People	26. Number of Quality People:	

27. SUPPLIER CAPABILITIES FOR <u>IN-HOUSE PROCESSES</u> (e.g. machine shop has in-house paint or plating capability or PCBA contract mfr has environmental test or conformal coat capability in-house).	
28. ENVIRONMENTAL HEALTH & SAFETY List AND attach any Standards or regulatory agencies to which your company is either registered or compliant.	
a. Does your company have a registered ISO14001;2015 system? <input type="checkbox"/> Yes <input type="checkbox"/> No Cert. Num.	
b. Have you been cited (enforcement action) by any of the following U.S agencies, or nations' equivalent (outside U.S), in the previous three years? <input type="checkbox"/> EPA <input type="checkbox"/> OSHA <input type="checkbox"/> FAA <input type="checkbox"/> Other	
c. Do you comply (at all of your facilities) and do all of the material that you incorporate into products supplied to Pivotal comply with laws regarding slavery and human trafficking of the country or countries from which you do business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does your business have a disaster recovery plan? If yes, specify the date the plan was last revised.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a system in place to monitor your environmental impacts on what you supply Pivotal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Would your organization be willing to provide, upon request, information, as to the reductions in environmental impacts (i.e., improved sustainability) in relation to what your company supplies Pivotal?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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g. Does your organization have an Environmental or EHS Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Has your organization compiled a list of environmental regulations and legislation relating to your operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Is there a system in-place to examine ways to go beyond the minimum environmental regulations or legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Describe the process used to investigate issues or non-conformances that are identified either internally or via customer complaints.	
29. Environmental Health & Safety Contact Name: Email: Title: Phone:	
30. QUALITY SYSTEMS Quality Management Contact Name: Email: Title: Phone:	

31.	STANDARD (AS9100, ISO9001, ISO13485, Etc.)	EXPIRATION DATE (mmdyy)
	<input type="checkbox"/> AS 9100	
	<input type="checkbox"/> ISO 9001	
	<input type="checkbox"/> Other:	

## SUPPLIER STATEMENT

I hereby certify that the information provided has been completed in accordance with our established Quality Assurance Manual and with professional ethics.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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<p>32. PA Supplier Category:</p> <p><input type="checkbox"/> Custom (manufactures to PA spec):</p> <p><input type="checkbox"/> Original Equipment Manufacturer (OEM)</p> <p><input type="checkbox"/> work transfer</p> <p><input type="checkbox"/> shop offload</p> <p><input type="checkbox"/> Service:</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Distributor:</p> <p><input type="checkbox"/> Franchised/authorized</p> <p><input type="checkbox"/> independent</p> <p>Additional Comments:</p>	<p>33. Current/Future Purchase is for:</p> <p><input type="checkbox"/> Inventory:</p> <p><input type="checkbox"/> Commercial resale</p> <p><input type="checkbox"/> Gov't resale</p> <p><input type="checkbox"/> R&amp;D:</p> <p><input type="checkbox"/> PA use</p> <p><input type="checkbox"/> Gov't use/resale</p>
<p>34. Visual Compliance</p> <p>TBD</p>	<p>35. Finance Recommendation: (provide justification and date)</p> <p>D&amp;B review (mm/dd/yyyy):</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Acceptable</p> <p><input type="checkbox"/> High Risk</p> <p>Justification:</p>
<p>36. Purchasing Recommendation: (provide justification and date)</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Conditional Until</p> <p style="padding-left: 40px;">On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Disapproved</p> <p>Justification:</p> <p>Reviewed By:</p> <p>Title:</p> <p>Signature:</p> <p>Date:</p>	<p>37. QA Recommendation: (provide narrative and date)</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Conditional Until</p> <p style="padding-left: 40px;">On Site Audit Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Disapproved</p> <p>Justification:</p> <p>Reviewed By:</p> <p>Title:</p> <p>Signature:</p> <p>Date:</p>
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