



Supplier Pre-Assessment Survey

In order for Suppliers to become or to maintain Approved Supplier Status with Cosworth, the following Business System requirements must be provided. Suppliers are required to notify Cosworth's Quality Department of any significant changes to the data provided. Sections 1 through 3 is required from all current and future Suppliers.

Section 1 - COMPANY INFORMATION

Company Name: _____

Purchase Order Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ e-mail address: _____

Web Address: _____

Type of Business: _____ Major Product(s): _____

Which Cosworth facility will you conduct business with?

Remit Address: (If different from physical)

City _____ State: _____ Zip Code: _____

Remit Fax: _____ Remit Email: _____

Note: Cosworth's Conditions of Purchase may be viewed on our web site: www.cosworth.com.

It is Cosworth's policy to pay according to the Purchase Order terms. Terms other than standard require approval prior to approved supplier status being granted.

NOTES: _____



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Supplier Diversity:

Diversity within the supply base is very important to Cosworth and to our customers. Maintaining a diverse and/or minority owned supply base is a requirement of some Cosworth customers, and as a part of customer satisfaction, Cosworth will strive to comply to those requirements. The following data is required of all Cosworth suppliers:

Note: If your business qualifies as a minority and/or women owned business you must be registered at either the state, regional or national level, to be included in Cosworth’s diverse/minority owned supplier listing.

Please refer to the following for instructions on how to obtain certification:

Minority: National website: www.nmsdc.org

Women: WBENC- www.wbenc.org

Michigan – www.mmbdc.com

Michigan – www.miceed.org

If you have questions regarding your diverse Business Classification/Status, please contact your local SBA office.

Is your business owned, operated and controlled by at least 51% minority owner(s)? Yes No

If you are classified as a Minority Business please provide the national, regional, or state certification numbers:

Minority Owned Business certification number _____

Women Owned Business certification number _____

Section 2 – MANAGEMENT

Please list President or GM, Sales, QA, Manufacturing, Customer Service

Name: _____ Title: _____ Phone # _____

Name: _____ Title: _____ Phone # _____

Name: _____ Title: _____ Phone # _____

Name: _____ Title: _____ Phone # _____

24/7 contact information (to be used in emergency):

Name: _____ Phone #: _____



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Section 3 – FINANCIAL

Public Company? Yes _____ No _____ If yes, attach annual report.

Privately Held? Yes _____ No _____ Owner(s) (if private): _____

Years in business: _____ At present location: _____

Annual sales (\$): _____ Growth last year (%): _____

Dunn & Bradstreet Credit Rating or three supplier credit references: D & B Credit Rating _____

1. _____

2. _____

3. _____

Tax ID # _____ (A completed W-9, or written cause for non-submittal, is required to be on file with Cosworth. Please attach completed W-9 form) Blank W-9 is available at www.irs.gov/pub/irs-pdf/fw9.pdf for domestic suppliers. Please complete W8BEN which is required for foreign suppliers.

Invoices can be sent by email cosworthusap@cosworth.com or mailed to:

Accounts Payable, 52685 Shelby Parkway, Shelby Township, Mi 48315

Cosworth encourages suppliers to sign up for Automated Clearing House (ACH) payment processing. Please attach banking information required for ACH payments.

The Following Sections are applicable to suppliers of Raw Materials, Components and Subcontracted operations.

Section 4 – FACILITIES / PERSONNEL

Years in Business: _____ Total Employees: _____ Quality Employees: _____ Shifts: _____

Manufacturing locations: _____

Does your facility have temperature / humidity control? Yes No

Does your facility have automatic sprinklers / alarm system? Yes No

Do you have product liability insurance? Yes No If yes, list carrier and policy number below.

Carrier: _____ Policy Number: _____

Are you registered with IMDS (International Material Data System)? Yes No N/A

Please provide copy of PSW and Material Certification.



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Section 5 – CERTIFICATIONS

ISO/IATF 16949 Certified Yes No Level _____ Expiration Date: _____

Other quality certifications? Yes No (If yes, list) _____

(Please provide copy of Certifications)

Section 6 – OUTSIDE SERVICES / SUBCONTRACTORS:

Subcontractor Name	Process	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 7 – DOCUMENTATION REVIEWED / REQUESTED TO BE SUPPLIED TO COSWORTH

Quality Manual Yes _____ No _____ Manufacturing Equipment list Yes _____ No _____

Quality Inspection Equipment list: Yes _____ No _____ Organizational Chart Yes _____ No _____

Section 8 – MANUFACTURING CORE COMPETENCIES

Check next to each area of service that company currently provides:

Machining/components	Tooling	General Supplies	Freight Carrier	
Proprietary designed products	Admin	Quality/Gages	Oils, Lubricants, Coolant	
Raw Materials	Packaging	Coatings	Assembly	
Delivery Systems	Materials Testing	Injection Molding	Mold Making	
Engineering Services	Cutting Tools	Compression Molding	Other:	



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Section 9 – QUALITY SYSTEM (Not required if certified in section 5)

Does your company have a corporate quality policy? Yes _____, Please summarize. No _____

Does your company have documented quality procedures? Yes _____ No _____ Please explain.

What key processes are measured and monitored by a QA plan? _____

Does your company have written work instructions and/or workmanship standards? Yes _____ No _____
Please explain.

Does your company have procedures in place to control nonconforming product? Yes _____ No _____
Please explain.

What is the process for corrective action on goods that are rejected by the customer? _____

How are all measuring and test equipment maintained and calibrated? _____

Does your company have a system in place for handling/resolving customer complaints? Yes _____ No _____
Please explain. _____

Does your company incorporate a system for product traceability? Yes _____ No _____

Please explain. _____

Will all quality procedures and records pertaining to products supplied to Cosworth be made available for
review during an on-site visit, if requested? Yes _____ No _____ If no , please explain.

Additional Comments (optional):

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Section 10 – Supplier Certification and Acknowledgement

Supplier:

By signing below I certify that the information provided to Cosworth on the Supplier Pre-Assessment is true and correct. In addition, it is understood any significant changes to the information provided requires notification to the Cosworth Buyer.

Supplier has reviewed and agrees to Cosworth’s Terms and Conditions Yes ____ No ____

Supplier has reviewed and agrees to Cosworth’s Supplier Manual Yes ____ No ____

The current documents are available on line at www.cosworth.com.

These Terms and Conditions and Supplier Manual are applicable to all Purchase Orders issued from any Cosworth Buyer to Seller for goods and services. Cosworth reserves the right to amend these documents at any time.

Signature _____ Title _____ Date _____

Section 11 – COSWORTH MANAGEMENT REVIEW AND EVALUATION

Each section of the Supplier Assessment survey has been reviewed with the following results.

Company Information	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Management	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Certification	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Outside Services / Subcontractors	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Manufacturing Core Competencies	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
Quality System	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>



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Recommendation for approval:

Approved Conditional	Disapproved, no further action	Disapproved, further action required	
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Supplier Classification:

Major		Minor		Non-Critical	
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Note: Major Suppliers require two signatures for Approval.

Describe further action needed for approval:

Signature

Date

Signature

Date