



Franklin Electric

Supplier Self-Assessment

FE Number _____
Requester _____ <small>For Franklin Electric Office Use Only</small>

Date: _____

Full Company Name: _____

Mailing Address _____ P.O. Box: _____
(for Purchase Orders): _____

City and State _____ Zip Code: _____

Telephone: (____) - _____ - _____ Fax: (____) - _____ - _____

D&B #: _____ Website: _____

No. of Employees: _____ Affiliations: _____ Years in Business _____

Your firm is a: Manufacturer Carrier Distributor Calibration Provider Service Provider*If you are a service provider or a distributor, please answer N/A if a question does not apply to your firm.*

If hourly workforce works under a labor contract, what is the duration of the contract? _____

Terms of payment: _____ FOB: _____

When Franklin Electric revises an engineering drawing, how many copies do you require? _____ N/A

Is any more than 25% of your business with any one industry? Yes No

If yes, what is the industry? _____

Contact Persons

	Phone	E-Mail
President:	_____	_____
Order Placement:	_____	_____
Order Delivery/Expediting:	_____	_____
Pricing/Quote Information	_____	_____
Sales Representative:	_____	_____
Quality:	_____	_____
Accounts Receivable:	_____	_____
Customer Service:	_____	_____
Engineering:	_____	_____



Quality System

Is there a quality system in operation?..... Yes / No

Is your company registered to an ISO9000 standard or equivalent? Yes / No

If yes, please state standard and certificate number: _____

If registered to an ISO9000 standard, please go to the section labeled General on the next page.

If your company does not have a recognized quality accreditation, is it your intention to seek one? Yes / No

If yes, when do you intend to apply for registration and for which standard? _____

If **not** registered to an ISO9000 standard or equivalent, does your company:

Have a company quality manual? Yes / No

Have a stated quality policy?..... Yes / No

Conduct contract reviews? Yes / No

Assess its vendors? Yes / No

Review design control? Yes / No

Ensure traceability of products? Yes / No

Operate receiving inspection controls?..... Yes / No

Operate in-process inspection and test controls? Yes / No

Operate final inspection and test controls?..... Yes / No

Calibrate inspection, measuring and test equipment? Yes / No

Have a procedure for the identification and correction of problems? Yes / No

Carry out and record corrective actions? Yes / No

Maintain quality records? Yes / No

Maintain training records of personnel?..... Yes / No



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General

Would you be prepared to send a copy of your quality manual to Franklin Electric if requested? Yes / No

Would you be prepared to supply material certificates of conformance with each delivery to Franklin Electric if required? Yes / No

Other relevant information: _____

Form Completed By
(Signature)

Title

Date

Please Return to:

(For use by Franklin Electric personnel only)

Supplier is: Approved Conditional Unapproved

One-Time Approval PO # _____ Contact _____ Phone _____

Reason(s) if Unapproved or Conditional Approval: _____

Materials Manager or designee

Date