



SUPPLIER APPLICATION AND SURVEY

Purchasing
Avery Dennison Corporation.
170 Monarch Lane
Miamisburg, OH 45342
Fax: 937-865-2607

Company Name:

Date:

Address:

Phone:

Fax:

Business Hours:

Parent Company:

D&B No. of Company/Parent Company:

/

SIC No. of Company/Parent Company:

/

Years in Business:

Years with Parent Company:

Form of Business:

- | | | | | | | | |
|--|--------------------------|--------------------------------------|--------------------------|---------------------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> | <input type="checkbox"/> Partnership | <input type="checkbox"/> | <input type="checkbox"/> Public Corp. | <input type="checkbox"/> | <input type="checkbox"/> Private Corp. | <input type="checkbox"/> |
| <input type="checkbox"/> Minority Owned | <input type="checkbox"/> | <input type="checkbox"/> Woman Owned | <input type="checkbox"/> | | | | |

Type of Business:

- | | | | | | | | | | |
|--|--------------------------|---|--------------------------|--------------------------------------|--------------------------|-----------------------------------|--------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> | <input type="checkbox"/> Service | <input type="checkbox"/> | <input type="checkbox"/> Distributor | <input type="checkbox"/> | <input type="checkbox"/> Assembly | <input type="checkbox"/> | <input type="checkbox"/> Raw Material | <input type="checkbox"/> |
| <input type="checkbox"/> Non-Union? | <input type="checkbox"/> | <input type="checkbox"/> Union - Name(s): | | | | | | | |

Contract Expiration(s):

Product Line Description:

List Location(s) of Manufacturing Sites:

List Location(s) of Distribution Centers:

Describe Equipment/Capabilities:

Key Contact: _____ **Title:** _____ **Phone:** _____

Miscellaneous Information:

1. Has your organization received any national, regional or customer recognition or rewards for Quality, Purchasing, Manufacturing or Design? (describe): Examples: Malcolm Baldrige, State Quality Awards, etc.

Do you have a formal process to use the Baldrige Criteria (or equivalent) to drive improvements?

1. What methods does your organization utilize to identify and incorporate customer requirements into your products and/or services? Examples: QFD, Focus Groups, Customer Satisfaction Surveys, etc.

1. What type of material management system do you use? Example: MRPII, etc.

1. What type of defect management do you use? Examples: PPM, % Returns, Warranty, MTBF, etc.

1. Do you track metrics for organization performance? How are these used to drive continuous improvement?

1. How are you using Statistical Techniques for process/product control? Examples: CpK, SPC, etc.

1. Do you have the capability to barcode shipments to Avery Dennison ? Yes No

2. In the last three years, what improvements have you made relative to:

- a. Lead Times:
- b. Manufacturing Costs:
- c. Safety Rating:
- d. Customer Satisfaction measures:
- e. Environmental Management:
- f. Other:

Example: Lead Time reduced by 35%, 30% fewer lost time accidents, etc.

QUALITY SYSTEM SELF-ASSESSMENT SURVEY:

NOTE: If you are currently ISO 9000 or QS-9000 certified, it is NOT necessary to complete this section. Attach a copy of your certificate and return questionnaire.

Question	Yes	No	N/A
Are you working toward ISO 9000 or equivalent Quality System Certification?			
If yes, when do you anticipate certification?			
Is your organization "design responsible" (do you perform the R&D of the products you provide)?			
If yes, do you have defined procedures to plan for and control your design processes?			
Do you have a formal system for evaluating potential supplier capabilities before choosing to buy from them?			
If yes, does this include formal evaluation of their quality system?			
Do you have a formal process to monitor on-going supplier performance?			
If yes, does this process include formal corrective action if supplier performance falls below required levels?			
Do you have documented work instructions for procedures critical to your ability to produce a quality product?			
If yes, are those procedures under formal document/revision control?			
Do you have documented quality inspection and test procedures?			
Do you have a formal process to train and qualify personnel performing inspection and testing?			
Is process control and inspection and test equipment under a formal calibration program?			
Do you have formal procedures to prevent the accidental use or shipment of raw materials/products that have not yet passed inspection and testing?			
Do you have a formal corrective and preventive action system?			
Do you have documented procedure for handling, storage, packaging and preservation of raw materials and product to prevent damage?			
Do you have a formal internal quality auditing process?			
If so, how often do you perform audits?			
Do you have a formal training and qualification process for employees whose activities affect the quality of your product and services?			
Do you use statistical techniques in the control of your products and/or processes?			

Your Name: _____

Title: _____

FOR INTERNAL USE ONLY:

Basis for approval:

<input type="checkbox"/>	ISO Cert. or equivalent	
<input type="checkbox"/>	Self-assessment survey	
<input type="checkbox"/>	On-site audit	Rating:
<input type="checkbox"/>	Sole Source	
<input type="checkbox"/>	Grand-fathered based on past performance	
<input type="checkbox"/>	Customer-specified supplier	
<input type="checkbox"/>	Other:	

World Class Rating:

By:		Date:	
By:		Date:	
By:		Date:	
By:		Date:	
By:		Date:	
By:		Date:	