

Performance Review Survey

Date:

CM or Vendor

5=Unacceptable

4=Below Expectation

3=Usually Meets Expectation

2=Consistently Meets Expectation

1=Exceeds Expectation

N/A=Not Applicable

Place an 'x' in the box to the right of the number which best represents your opinion.

Delivery/Shipping Performance (Overall)

Exact quantities received as ordered

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>

% shipments incomplete

% deliveries late

of "line downs" during qtr due to late/non-complete shipments

Documentation correct

Schedule flexibility

Willingness to accommodate

Expedite as instructed

Quoted lead times are reliable

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Comments:

Communication/Service (Overall)

Accuracy

Completeness

Proactiveness

Responsiveness (react promptly to and confirm receipt of PO's, change notices, info requests, etc.)

Timeliness

Availability of appropriate personnel

Follow-through

Behavior toward you (as a valued customer)

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Comments:

Reports/documentation as requested

Format

Frequency

Timeliness

Completeness

Accuracy

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Comments:

Procurement Efforts (Overall)

Global procurement leverage

Accuracy of supply outlook

Visibility of upcoming shortages

Ordering long lead materials appropriately

On order vs. demand accuracy

Responsiveness to fluctuations in demand

Support of your current program

Procurement efforts met your budget expectations

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Comments:

Materials Management (Overall)

- Process for identification of non-conforming material
- Materials handling
- Integrity of material storage
- Inventory turns
- Inventory accuracy

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Comments:

Manufacturing Process (Overall)

- Capacity planning
- Line scheduling
- Product cycle time
- Responsiveness to product or process change
- Process control

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Comments (please list specific recommendations for process improvements):

Quality (Overall)

- Electrical
- Mechanical
- Cosmetic
- Consistency
- Data collection process
- Analysis
- Issue resolution
- Corrective action process
- Root-cause diagnosis
- Escalation process
- Quality improvement performance
- RMA Process
- Repair/rework

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Comments:

Technology/Expertise (Overall)

- Equipment
- Utilization
- Maintenance
- Engineering/technical support
- Ability to incorporate design changes
- Inspection
- Test
- Adequate staff
- Training
- Product knowledge

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Comments (please list areas in which CM should develop further knowledge or expertise to support the program):

Value (Overall)	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<u>Cost reduction strategy</u>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Please list any specific recommendations for lowering manufacturing costs:

Considering the time, technology, and material involved, rate the value you have derived from this site over the past quarter.

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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Comments:

General/Miscellaneous

<u>How well has CM supported the requirements of your program?</u>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<u>Your relationship with management at this site.</u>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>

<u>How does the service you received from this CM compare to other CMs you are currently using?</u>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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List any significant (positive or negative) experiences you had at this site over the past quarter that have not already been identified in this survey:

List specific things supplier can do to ensure that we continue to maintain (or increase) our level of business with you:

Additional technologies or capabilities that you may require in the future:

Additional comments or recommendations for changes or improvements: