



The Lighthouse for the Blind, Inc.

Mission Statement

To create and enhance opportunities for independence and self-sufficiency of people who are blind, and blind with other disabilities.

Dear Valued Supplier:

Lighthouse for the Blind, Inc. is updating files to meet our quality system requirements and maintain our ISO and AS9100 certifications. As a new or current supplier we are requiring each vendor to fill out the enclosed New Supplier Business Survey so we can have your company's current information, and to comply with our requirements to stay certified.

We kindly request, that you type in your responses and keep the survey form as a Word format. This enables our employees to have accessibility. We do understand that if you are sending copies of certifications they probably will be in a PDF format. That is perfectly acceptable but, please keep the New Supplier Business Survey form as a DOC format.

Please reply to this email by completing and returning the "New Supplier Business Survey" within two weeks of date received.

If you have any questions or concerns please contact us at: 206-322-4200 and ask for the Purchasing Department or email us at the original address sent to you.

Thank you in advance for your support,

Purchasing Department

The Lighthouse for the Blind, Inc.

2501 S Plum St

P.O Box 14959

Seattle, WA 98144



Supplier Form/Business Survey

2501 South Plum St.
Seattle, WA 98144
P: 206.322.4200 Ext: 2295
F: 206.726.0658

Date:	
Supplier #:	SLH <input type="checkbox"/> INL <input type="checkbox"/> BSC <input type="checkbox"/>
	* For Internal Use Only

Section 1: SUPPLIER DETAILS: Supplier

Supplier Name: _____ Alternate Name (DBA): _____

Other Entities: Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Taxpayer ID Number (TIN): _____ Tax Registration Number (UBI): _____

1099: (check one) Yes No If Yes, check type: Medical Rental Misc Service Legal

Number of Years in Business: _____

Section 2: SUPPLIER DETAILS: Remit Address/Ordering Address/Contacts

Remit Address:

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Ordering Address:

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Customer Service Contact: _____ Sales Contact: _____

Customer Service Phone: _____ Sales Phone: _____

Section 3: SUPPLIER PAYMENT/DELIVERY: Terms

Payment Terms: NET 30 2% NET 10 Other _____

Credit Card Accepted: Y N

Payment Method: _____ Currency: _____

Delivery Terms: Choose one Normal Shipping Carrier: _____



Supplier Survey (please complete all inquiries):

1. Supplier Type: (check one) Distributor Manufacturer Processor Other: _____

2. **Product Line or Service:** _____

3. NAICS Code(s): _____

North American Industry Classification System (NAICS): See <http://osha.gov/oshstats/naics-manual.html>

4. Standard Work Week Schedule: _____

5. Classification: (check at least one) See <http://www.sba.gov/size/indexguide.html> for size standards.

Sole Proprietorship: Owner's Legal Name: _____

Partnership: Owner's Legal Name: _____

Select all that Apply:		Select all that Apply:	
501 © Non-Profit	<input type="checkbox"/>	LLC-Limited Liability Co.	<input type="checkbox"/>
8 (a) SBA	<input type="checkbox"/>	Minority Owned	<input type="checkbox"/>
African American	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Asian American	<input type="checkbox"/>	Not for Profit /Social Enterprise	<input type="checkbox"/>
Business Unit	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
CAC Shareholder	<input type="checkbox"/>	Private	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Public	<input type="checkbox"/>
Franchise	<input type="checkbox"/>	Service Disabled Veteran	<input type="checkbox"/>
Foreign Owned	<input type="checkbox"/>	Small Business	<input type="checkbox"/> *
Government Agency	<input type="checkbox"/>	Small Disadvantage	<input type="checkbox"/>
Hispanic American	<input type="checkbox"/>	Subcontinent Asian American	<input type="checkbox"/>
Historically Black College	<input type="checkbox"/>	Subsidiary/Division	<input type="checkbox"/>
HUBZone SB	<input type="checkbox"/>	Veteran Owned	<input type="checkbox"/>
Large Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>
Ability One Supplier	<input type="checkbox"/>	*If not known, use the link below for more information: http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Fiscal/Procurement%20Standards/Small%20Business/Qualifications.htm	
Other (certified by SBA as a SDB): _____			

Enter Tax Classification: D C P D = disregarded entity C = corporation P = partnership

Private If private, list majority owners: _____

Subsidiary/Division/Franchise name: _____

How many years has Subsidiary/Division/Franchise been in operation? _____

If Subsidiary/Division, Franchise, Business Unit identify parent company: _____

How many years has Parent Company been in operation? _____



Financial Survey

Bank: _____

Branch: _____

Bank Contact name: _____

What is your fiscal year end? _____

Has your company declared bankruptcy in the last 10 years? **Y** **N**

Briefly comment on your organization's debt management policies, including the timing of budget preparation (i.e. annually, monthly): _____

CAGE Code: _____

DUNS No +4: _____

Please attach copies of the following documents:

a. Quarterly Financial Statements or an annual report for the most current year:

b. Dunn & Bradstreet report if available:

Operations Survey (please answer all questions):

1. How many shifts do you operate? _____

2. What are your target lead times? _____

3. Does a certified quality system exist? **Y** **N**

If yes, please provide a copy of certificate and identify certifying agency: _____

4. Is there a quality manual that defines your quality system? **Y** **N**

5. Do you have a document control system that complies with ISO 9001:2008 requirements? **Y** **N** *

6. Is there a corrective action system to prevent repetitive discrepancies? **Y** **N** *

7. Are all inspections and tests documented and kept on file? **Y** **N**

8. Does your program for calibration of inspection measuring and test equipment conform to the requirements of ISO 9001 or equivalent? _____ **Y** **N**

9. Can you submit certifications on selected product/processes if requested? **Y** **N**

10. Is there a system in place that controls the use and maintenance of inspection stamps? **Y** **N**

11. Are periodic quality reports prepared and issued relative to part acceptance/rejection and disposition? **Y** **N** *

12. Do you track your supplier's quality and delivery, or otherwise assure that your suppliers/subcontractors have an adequate quality assurance program in place? **Y** **N**

13. May our customers or we visit your facility for scheduled audits and/or on-site product inspections? **Y** **N**

14. Who will respond to our corrective action requests? _____

15. What is that person's authority? _____

16. Does the organization have a documented procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records? **Y** **N**

17. Does your company have a disaster recovery plan? **Y** **N**
If so, please explain: _____

18. Do you have a documented customer change notification process? **Y** **N**



19. ITAR/EAR Compliant?

Y N

20. Does your company utilize E-Verify?

Y N

If yes, please provide us a copy of your Edit Company Profile page from the E-Verify website as proof of enrollment.

Per the E-Verify Federal contractor (FAR 52.522-54) the Lighthouse is required to confirm that its subcontractors at every tier use E-Verify to confirm their employees' to legally work in the United States under the following conditions.

- a. The prime contract includes the FARE E-Verify clause:
- b. The subcontract is for commercial or non Commercial services or construction:
- c. The subcontractor has a value of more than \$3,000:
- d. The subcontract includes work performed in the United States:

21. Does your company have a Foreign Object Debris program in place? See NAS412.

Y N

22. Does your company have CAD/MBD Engineering, Manufacturing and Inspection capabilities?
If yes, please fill out Appendix A

Y N

***Indicates minimum requirement for qualification. Aerospace suppliers must have all Yes answers.**

Supplier Business Questionnaire

Sales last 3yrs:

Year	Total Sales
Current: _____	
Prior: _____	
Prior: _____	

Top 5 Customers

Name:	Product:	Relationship Yrs.	% Sales

What major components of your product do you subcontract? _____

What is the frequency of your independent audit schedule? _____

Questionnaire completed by: _____

Title: _____

Date: _____



Appendix A

Please list all CAD/MBD Engineering, Manufacturing and Inspection software, include version, build and or service pack as applicable.

- 1. Is CAD software compatible with our customers design system (Catia)? Y N
- 2. Is your CAD/MBD software on a maintenance program that promotes current revision updates? Y N
- 3. Do you verify that software updates are installed and functioning properly (Product Acceptance Software)? Y N
- 4. Are you able to view embedded annotations such as GD&T, feature/entity tolerances and configuration notes? Y N
- 5. If unable to view Native files, what format would you prefer to work with? _____

Digital Product Definition

- 1. Do you have a DPD Process or Procedure that is compliant with D6-51991? Y N
- 2. Is there a process to ensure integrity and security of datasets from receipt through the manufacturing and inspection process? Y N
- 3. Do you have a process to control configuration of dataset derivative media? Y N
- 4. Is there a process to verify dataset translations? Y N
- 5. Do you use sub-tiers for DPD/MBD product? Y N
- 6. Is there a process to maintain configuration of digitally defined tools to the authority Dataset? Y N

Inspection/CMM

- 1. Is the CMM process currently certified through NADCAP - Measurement and Inspection?
If yes, skip the rest of this section Y N
- 2. Is there a process or procedure to inspect DPD/MBD products? Y N
- 3. Does the inspection software utilize the authority dataset? Y N
- 4. Is there a process to validate model conversions (Catia to STP or IGES)? Y N

[End of Survey – Back to Top](#)



To be completed by Lighthouse for the Blind			
Reviewed By: _____	Date: _____	Approved? Y <input type="checkbox"/> N <input type="checkbox"/>	Status: Choose an item.
Type of Commodity: _____			Q=Approved P=Pending L=Limited D = Disqualified

Scope of Approval:	Choose an item.
PM	Approved for parts & Material Distribution
HT	Approved for High Tolerance Manufacturing Parts
LT	Approved for Low Tolerance Manufacturing Parts
SP	Approved for Selected Processes
AS	Approved Services