

RAYTHEON SYSTEMS LIMITED SUPPLIER EVALUATION QUESTIONNAIRE

The purpose of this questionnaire is to allow RSL to identify a number of suitably qualified and experienced suppliers.

Questionnaire Layout

The questionnaire is split into 9 distinct parts:
Part A seeks background information;
Part B requests details of your financial status;
Part C relates to insurance information;
Part D relates to business probity;
Part E relates to service operation and Quality Systems;
Part F requests Health and Safety information;
Part G requests Equality and Diversity information;
Part H requests Environmental information.

All information requested must be provided in the order and format of the Parts.

Questionnaire Responses

General company literature or power point presentations may also be provided where relevant.

Supplementary documentation may be attached to the questionnaire where suppliers have been directed to do so. Such material must be clearly marked with the name of the organisation and the question to which it relates. All questions must be answered.

Please note that RSL may require clarification of the answers provided or ask for additional information.

The response should be submitted by an individual of the organisation, company or partnership who has authority to answer on behalf of that organisation, company or partnership.

If applying on behalf of a **consortium**, please list the names and addresses of all other members of the consortium.

RSL reserve the right to verify the details contained within the questionnaire.

All Information will be treated with the strictest confidence.

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1. OVERVIEW OF THE REQUIREMENT:

Please provide copies of all current company approval certificates with this completed form

2. RETURN DATE FOR QUESTIONNAIRE:

3. CONTACT DETAILS

NAME

ADDRESS

Raytheon Systems Limited
Hangar 5
Aviation Park
Flint Road
Chester

POST CODE

CH4 0GZ

TELEPHONE NUMBER

01244

EMAIL

@raytheon.co.uk

Any questions relating to this document should be addressed to the above contact.

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PART A - BACKGROUND INFORMATION

1.	Name of Organisation	
2.	Address (inc post code)	
3.	Prime Contact Name	
4.	Prime Contact Position	
5.	Telephone Number	
6.	Fax Number	
7.	E-mail address	
8.	Website address (if applicable)	
9.	Address of Registered Office (If applicable)	
10.	Nature of Organisation (E.g. sole trader, partnership, Public Ltd co, Private Ltd co etc).	
11.	Nature of Business (E.g. Electronics Manufacturer, Service etc)	
12.	Number of Employees. Please break down into technical, management, clerical and manufacturing for all sites.	
13.	Names of the Directors or Partners	
14.	Is the organisation documented (Family Tree)? If yes, please provide a copy.	YES <input type="checkbox"/> NO <input type="checkbox"/>
15.	When was your company formed?	
16.	Company Registration Number	

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17.	Date of Registration	
18.	VAT Registration Number	
19.	Dunn and Bradstreet Number	
20.	Consortia Details (if applicable)	
	Name and address Identify which part of the service this consortia member will deliver	
	Name and address Identify which part of the service this consortia member will deliver	
22.	What is your working knowledge of ITAR regulations?	
23.	How many parts do you currently manage under this regime?	
24.	Name of ITAR specialist/responsible person	
25.	E-mail address of ITAR specialist?	
26.	Prime Sub Contractor processes	
	Name and address Process: Process: Process:	
27.	What reviews are conducted prior to order? Contract acceptance ie quality / technical / legal adherence	

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PART B - FINANCIAL STATUS

29.	BANK DETAILS	
	Name of Bank: (From which a financial reference may be sought).	
	Address:	
	Sort Code	
	Account Number	
	Bank Swift Code	
	IBAN / ABA (if applicable)	
	Account Name	
	Currency	
	E-mail address for Remittance	
	Telephone Number:	
	Suitable contact name:	
	Telephone Number: (if different)	
	Provide details of the Sales Turnover and profit for the last 3 years	
	Projected turnover for next financial year	

Please attach one copy of your organisation's audited accounts (or equivalent) and the accounts of your group (if any) for the last 2 years in English and in UK Sterling together with details of any significant changes since the last year end. Copies of the accounts should be signed and dated by Directors and auditors (preferably scanned, if being submitted electronically) or marked as draft

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PART C - INSURANCE

30.	Employers Liability Insurance	
	Name of Insurer	
	Address	
	Type of Insurance	
	Policy Numbers	
	Expiry Date	
	Limits of indemnity (per occurrence and aggregate)	
	Excess (if any)	
31.	Public Liability/Product Liability Insurance	
	Name of Insurer	
	Address	
	Type of Insurance	
	Policy Numbers	
	Expiry Date	
	Limits of indemnity (per occurrence and aggregate)	
	Excess (if any)	
32.	Other Insurance (please provide details)	
	Name of Insurer	
	Address	
	Type of Insurance	
	Policy Numbers	
	Expiry Date	
	Limits of indemnity (per occurrence and aggregate)	
	Excess (if any)	

**Please provide evidence of all insurance documentation.
The evidence should include the name of the insurer, policy numbers; expiry dates and limits for any one incident annual aggregate caps and the excesses under the policies.**

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PART D - BUSINESS PROBITY

33.	Please confirm whether any of the following criteria applies to your organisation:	
	Is the organisation bankrupt or being wound up, having its affairs administered by the court, or have you entered into an arrangement with creditors, suspended business activities or any analogous situation arising from similar proceedings under national laws or regulations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Is the organisation the subject of proceedings for a declaration of bankruptcy, for compulsory winding-up or administration by the court or for an arrangement with creditors or of any other similar proceedings under national laws or regulations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Has any employee whom you would propose to use to deliver this service been convicted of an offence concerning his professional conduct by a judgement which has the force of res judicata?¹	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Has any employee whom you would propose to use to deliver this service been guilty of misrepresentation in supplying or failing to supply the information that may be required in this Section?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Has any employee whom you would propose to use to deliver this service been guilty of grave professional misconduct?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Has the organisation failed to fulfil obligations relating to the payment of social security contributions in accordance with the legal provisions of the United Kingdom or the country in which it is established?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Has the organisation failed to fulfil obligations relating to the payment of taxes in accordance with the legal provisions of the United Kingdom or the country in which it is established?	YES <input type="checkbox"/> NO <input type="checkbox"/>

¹ A matter already settled in court

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PART E – SERVICE OPERATION AND QUALITY SYSTEMS

34.	What are the principal business activities of your organisation?
35.	State your organisation's experience in delivering the same or similar goods/service to that required.
36.	What are the typical markets your products/services are used in?
37.	Who are your major customers?
38.	Within your principal business activity, who do you see as your competitors?
39.	What is your current OTD (On time delivery) on goods/services?

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40.	Does your Company have a defined and documented policy statement, with commitments to quality, customer objectives and deliverables?
41.	What is the company's retention period for documents?
42.	Does your company have a Quality Manual? (if yes, please provide a copy if available to share)
43.	Provide details of all Quality Assurance & Customer Accreditations (e.g ISO 9001, AS9100, TS16949, cert numbers etc., and/or whether your organisation is in the process of attaining further approvals (e.g NADCAP, Mil etc)
44.	Does your company conduct management reviews of the suitability and effectiveness of the Quality Management system at appropriate intervals? (i.e does the Quality System meet customer requirements?)
45.	Does your company carry out a comprehensive system of planned and documented internal quality audits?, Are these audits based on status and importance to the business?
46.	Please outline the process for Supplier management, (including Supplier selection, Supplier Performance tracking, Change control at Suppliers and control of Obsolescence).

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47.	Does your Company maintain a register of its suppliers that includes approval status (e.g. Approved, conditional, disapproved), and the scope of the approval,(e.g., product type, process family)?
48.	Does your company offer the right of access to customers and regulatory authorities to the applicable areas in all facilities? (i.e to review their product in process, First Article Inspection, Source Inspection etc.)
49.	How is Customer Satisfaction assessed and assured?
50.	Provide details of plant, technical equipment and floor space available for providing this service.
51.	What is the current level of capacity (where applicable)?
52.	Provide details of your Contingency Plans (Disaster Recovery Plans) for continued service in the event of a fire, flood, epidemic etc.

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PART F – HEALTH AND SAFETY

53.	Health and Safety Policy	
	Does your organisation make sure it complies with the Health and Safety at Work Act (current version)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation take steps to identify which of the regulations under the Act apply to your business?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation have processes and procedures to ensure that these regulations are followed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation have a written Health and Safety Policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, is this reviewed periodically?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, is there a signed current copy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, does it define Health and Safety responsibilities for all staff?	YES <input type="checkbox"/> NO <input type="checkbox"/>
54.	Staff Competence	
	Does your organisation train staff on Health and Safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, does your organisation keep training records for staff?	YES <input type="checkbox"/> NO <input type="checkbox"/>
55.	Consulting Staff	

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	Does your organisation have a clear process for consulting staff on Health and Safety matters?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation have a staff Health and Safety Representative?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation have clear arrangements for staff to report Health and Safety risks and issues to managers?	YES <input type="checkbox"/> NO <input type="checkbox"/>
56.	Risk Assessment	
	Does your organisation have a risk assessment process?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, does your organisation record the findings?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation produce method statements of how to work safely based on risk assessments?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation apply a risk assessment to each new type/process/machinery/area of work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
57.	Health and Safety Advice	
	Does your organisation have access to competent Health and Safety advice (either internally or externally)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
58.	Accident Records	
	Does your organisation report incidents and accidents under RIDDOR?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation keep RIDDOR ² records?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation make sure you learn from incidents/accidents and change working practices as necessary?	YES <input type="checkbox"/> NO <input type="checkbox"/>
59.	Health Risk Assessment	
	Does your organisation have a nominated manager to whom any employee health problems can be reported?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation provide any necessary personal protective equipment to staff free of charge?	YES <input type="checkbox"/> NO <input type="checkbox"/>

² RIDDOR – Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995

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60.	Health and Safety enforcement	
	Has your organisation had any HSE or prohibition notice in the last three years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation keep records of all such notices/warnings for three years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If your organisation has had any such notices or warnings, has things been put right to prevent the issue arising again?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PART G – EQUALITIES AND DIVERSITY

61.	Equalities	
	Is it your policy as an employer to comply with anti-discrimination legislation, and not to treat any one group of people less favourably than others? Is this reflected in an appropriate equalities policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	In the last three years has your organisation been the subject of a formal investigation by the Equality and Human Rights Commission or an equivalent body on grounds of alleged unlawful discrimination? If yes, what steps did your organisation take as a result of that finding or investigation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have a written equality and diversity policy? If yes, please provide a copy of your organisations policy.	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Is it your policy as an employer to comply with your statutory obligations under the current legislation relating to Equal Opportunities and accordingly, your practice not to treat one group less favourably than others because of its gender, race or ethnic origin, religion or belief, disability, sexual orientation, or age, in decisions to recruit, train or promote employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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	In the last three years has any court or tribunal found a case of unlawful discrimination against your company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	In the last three years has your company been the subject of a formal investigation by the Commission for Racial Equality, the Disability Rights Commission or the Equal Opportunities Commission on grounds of alleged unlawful discrimination?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your organisation have Investors in People status, or equivalent?	YES <input type="checkbox"/> NO <input type="checkbox"/>

PART H - ENVIRONMENTAL

62.	Environmental Standards	
	Does your Company/Facility have an Environmental Management System (EMS) in operation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Is your Company/Facility currently registered to ISO14001 or other standard? If yes, please indicate with whom you are registered. If not, are you working towards obtaining a Nationally recognised Environmental Standard? If yes, when you do plan to obtain registration?	YES <input type="checkbox"/> NO <input type="checkbox"/>
63.	Environmental Management	
	Does your Company/Facility have a written and approved Environmental policy statement? (If so, please forward a copy if able to share).	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does your Company/Facility have an annual environmental report available?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Is a management representative assigned responsibility for facilitating compliance with Environmental regulations? Name: Job Title:	YES <input type="checkbox"/> NO <input type="checkbox"/>
64.	Permits and Registrations	
	Does your Company have any Environmental permits/licenses? If yes, please detail.	YES <input type="checkbox"/> NO <input type="checkbox"/>

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	<p>Has your Company been convicted of breaching any Environmental legislation within the last five years?</p> <p>If yes, please detail.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
	<p>Has your Company registered any substances under the REACH regulations that may be supplied to Raytheon?</p> <p>If Yes, please advise for Substances of 'Very High Concern' (SVHC), the part numbers, descriptions, the UK site(s) supplied to, the % weight/weight of SVHC(s) contained within or on the article and instructions for the safe use and disposal of these SVHC containing articles.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
65.	Disposal of Solid and Hazardous Wastes	
	<p>Does the product/service provided to RSL involve generation or disposal of any waste?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
	<p>Do you monitor your waste streams?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
	<p>Are hazardous wastes stored and treated in properly designated facilities on site that will prevent future Environmental impacts?</p> <p>If no, are hazardous wastes disposed of properly off site using licensed transporters and treatment facilities?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
	<p>Do you verify the licenses of your transporters and proper operations of your storage, treatment and disposal facilities?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
66.	Resource Management	
	<p>Do you monitor water/fuel/energy consumption?</p> <p>If yes, please explain.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
	<p>Do you have any recycling or reuse initiatives for products, materials, processes etc?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
	<p>Have you engaged your supply chain in waste reduction initiatives?</p> <p>If yes, please explain.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>

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66.	Other Environmental Effects	
	Do you use or store Ozone depleting substances?	YES <input type="checkbox"/> NO <input type="checkbox"/>
67.	Packaging	
	Are you aware of the current UK regulations on packaging and packaging waste?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you comply with this regulation? If not, indicate how you intend to comply.	YES <input type="checkbox"/> NO <input type="checkbox"/>
68.	End of Life	
	Do you operate a “take back” policy for end of life electronic equipment/packaging? If yes, please indicate for what:	YES <input type="checkbox"/> NO <input type="checkbox"/>

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	I declare that to the best of my knowledge the answers submitted in this Questionnaire are correct. I understand that the information will be used in the process to assess my organisation's suitability for RSL's requirements. I understand that RSL may reject this Questionnaire if there is a failure to answer all relevant questions fully or if I provide false/misleading information	
	FORM COMPLETED BY	
	Name:	
	Position (Job Title):	
	Date:	
	Telephone number:	
	Signature: (Please sign and scan).	
<p>For RSL Use only</p> <p>Supplier Code:</p> <p>Assessment Code:</p> <p>Date Questionnaire Received:</p>		