|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Parent Company Name (if applicable): |  |
| D&B Number: |  | Date: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |
| Physical Address (if different): |  |
| Parent Company Address (if applicable): |  |
| Website Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Point of Contact (POC) Name: |  | POC Title: |  |
| POC Phone: |  | POC Email: |  |

Complete the following questions. Attach additional sheets, if needed.

| **Question** | **Response** |
| --- | --- |
| **General Information** |
| Is the company publicly or privately owned? |  |
| What year was the company established? |  |
| Identify sister/subsidiary companies: |  |
| Is the company minority or female owned? |  |
| Is the site owned or leased? |  |
| What are the days/hours of operation? |  |
| Is 24/7 emergency service available? |  |
| List plants/facilities and include the location and key products/services for each: |  |
| List the top 3 customers (based on sales): |  |
| List the 3 largest suppliers (based on spending): |  |
| List the top 3 competitors (based on market share):  |  |
| **Purchasing & Material Control** |
| How much space is allocated to inventory, storage, and shipping/receiving (percentage)? |  |
| Are any products or services outsourced? If yes, list all that are pertinent. |  |
| Is an inventory management program used? |  |
| What is the typical finished goods fill rate (CSR)? |  |
| Are electronic invoicing, order entry, and EDI used?  |  |
| **Safety** |
| Any work place safety violations in the past 2 years? If yes, explain. |  |
| Does a Safety Manual and Policy Statement exist? |  |
| Is personal protective equipment used? |  |
| What is the Recordable Injury Rate?1 |  |
| What is the Lost Time Injury Rate?2 |  |
| Is drug & alcohol testing performed? If yes, when? |  |
| **Environmental** |
| Does an Environmental Management System and Policy exist? |  |
| Have there been any environmental violations in the past 2 years? If yes, explain. |  |
| Are post-consumer recycled materials used in production? |  |
| Are goals in place to reduce solid waste and water usage? What are the goals? |  |
| Do contracts consider the environment aspects? |  |
| Is training provided in environmental awareness and sustainability? |  |
| Are environmental aspects considered when selecting suppliers and products? |  |
| Are delivery methods assessed and monitored for environmental sustainability and are products shipped direct? |  |
| Is e-commerce/online procurement used? |  |
| Are greenhouse gas emissions and climate change strategy reported? |  |
| **Ethics and Conduct** |
| Is there a Code of Conduct? |  |
| Are there published SOPs? |  |
| Is there a Statement of Corporate Ethics and Business Policy? |  |
| Are there established accounting procedures? |  |
| **Policies** |
| Is there a policy for proper use of customers’ property and resources for business purposes? |  |
| Is there a policy for the protection of customer’s confidential information? |  |
| Is there a policy for conflicts of interest? |  |
| Is there a policy for protection against retaliation? |  |
| Is there a policy gifts, meals, and entertainment? |  |
| Is there a policy for employment practices? |  |
| Is there a policy for competition and anti-corruption? |  |
| Is there a policy for social responsibility? |  |
| **Certification****Note:** If the answers to the certification questions are affirmative, the questions in the remaining sections are optional. |
| Is the company ISO certified? If so, which code(s) (for example, 9001, 14001, etc.)? |  |
| What is the date of certification and who is the certifying body? |  |
| Does the company have major patents? When do they expire? |  |
| Is the company’s facility available for scheduled audits and/or site product inspections? |  |
| **Personnel** |
| How many employees in the company? |  |
| Are pre-employment physicals and drug testing required? |  |
| Are union workers employed? If yes, what unions? |  |
| Any work stoppages due to labor issues in the past 3 years? |  |
| Is there a new employee orientation program? |  |
| Is on-going training provided? If yes, describe. |  |
| Have there been any worker-related violations in the past 2 years? If yes, explain. |  |
| **Emergency Response** |
| Is there a documented Disaster Recovery Plan? |  |
| Are trained medical personnel on staff? |  |
| Is first aid and/or medical training provided to employees? |  |
| Are procedures in place for personal illness, injury, and business continuity? |  |
| **Security** |
| Is there an approved Security Plan? |  |
| **Equipment Maintenance** |
| Are procedure(s), schedule(s), and records available for equipment maintenance? |  |
| Are recycled materials used for maintenance, repairs, and operations? |  |
| Were there any major equipment failures/breakdowns in the past year? If yes, describe. |  |
| **Comments** |
| Any additional comments: |  |

1 (Total Incidents x 200,000)/Man hours Worked. Include data for 3 years.

2 (Lost Time Incidents x 200,000)/Man hours Worked. Include data for 3 years.

**For Foss Maritime Company Use**

|  |  |
| --- | --- |
| Date of Review: |  |
| Name or Reviewer: |  |
| Evaluation results: |  |
| Date questionnaire sent: |  |
| Date questionnaire received: |  |
| Survey distribution to regional offices: | PNW | CSR | SFB | SOCAL | MT/INTL | HI |
| Insurance certificate distribution to General Council: |  |
| Additional comments or follow-up needed: |  |

**Mailing Instructions**

Review Foss’ Terms & Conditions, which are available at <http://www.foss.com/about-us/vendor-resources/> . Complete the following documents and return them with this survey:

* Insurance Certificate(s)
* Tax ID
* Safety and Facility Access Rules
* EEOC Letter
* Business License
* Any required regulatory certificates

Foss Maritime Company requires the following levels of insurance coverage as evidenced by Certificates of Insurance.

|  |  |
| --- | --- |
| Pollution Liability | $5,000,000.00 |
| Workers Compensation (including USL&H coverage if applicable) | $1,000,000.00 |
| P&I | $5,000,000.00 |
| Hull and Machinery | Value of vessels |
| Auto  | $1,000,000.00 |
| General Liability | $1,000,000.00 |
| Additional Insurance Not Covered Above:  |  |

Please return completed survey and forms requested above electronically to (orderdesk@foss.com) or via mail to:

Foss Maritime Company

Attn: Tarah Souza

1151 Fairview Ave. N

Seattle, WA 98109

For any questions, please call 206-281-4730.