

## SCRAP SUPPLIER ASSESSMENT SURVEY

Date Completed \_\_\_\_\_

Supplier Name  
(name / address / phone) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplier Representative (s) \_\_\_\_\_  
\_\_\_\_\_

Product (s) / Services Provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach an example copy of your Bill of Lading when returning this survey.**

**General Information**

How long in business \_\_\_\_\_

Annual Sales to Olin Brass in Pounds \_\_\_\_\_

Annual Sales to Olin Brass in Dollars \_\_\_\_\_

**Operations:**

Hours/Shifts \_\_\_\_\_

Shift/Day \_\_\_\_\_

Days/Week \_\_\_\_\_

**Present Operating Level**

Average Leadtime \_\_\_\_\_

Vacation / Shutdown \_\_\_\_\_

When \_\_\_\_\_

**Manufacturing Equipment**

Type and Capacities

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**Laboratory / Chemical Analysis Equipment**

Type

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**Storage Facilities**

% Under Roof \_\_\_\_\_ % Open Yard \_\_\_\_\_

**Product Types**

<b>Copper Scrap:</b>	<b>Products Handled</b>	<b>Supplied to Olin Brass</b>
Soudronic	_____	_____
Bare Bright Wire	_____	_____
Copper Strip / Parts	_____	_____
Copper Chops	_____	_____
Green Line Wire	_____	_____
Burnt Wire	_____	_____
No. 2 Copper	_____	_____
<b>Brass Scrap:</b>		
Brass Strip / Parts	_____	_____
Brass Turning	_____	_____
<b>Other Alloy Categories:</b> (Specify alloy #s on lines)		
100 Series	_____	_____
200 Series	_____	_____
300 Series	_____	_____
400 Series	_____	_____
500 Series	_____	_____
600 Series	_____	_____
700 Series	_____	_____

**Other Products Processed at your facility:**

Ferrous	_____
Stainless Steel	_____
Aluminum	_____
Other (specify)	_____

**ISO Related**

Type and Number of Weigh Scales \_\_\_\_\_

How Often are Scales Calibrated \_\_\_\_\_

Are Customer Orders Reviewed for Special Requirements \_\_\_\_\_

Written Procedures? :

- Incoming Inspection Y or N
- Non-conforming material (Identification and segregation) Y or N
- System to notify supplier of Non Conforming Y or N
- Corrective Action responses Y or N
- Return Authorization procedure Y or N

Are You ISO Certified Y or N If Y, please attach copy of certification

If you plan to become ISO Certified, note target date \_\_\_\_\_