

DTE Energy Supplier Survey



Instructions:

Complete required sections. Save a copy. Attach Audited Balance Sheet for two years or Annual Report and further documentation where needed. Email as attachments to: underwoodm@dteenergy.com

General Information

Contact Information

Contact Name

Phone Number (xxx-xxx-xxxx)

Email Address

Fax Number (xxx-xxx-xxxx)

Emergency Contact

Emergency Phone Number (xxx-xxx-xxxx)

Mailing Address

Address 1

City

Address 2

State

Address 3

Zip/Postal Code

Supplier Organization

Business Type (sole proprietor, partnership, corporation, other)?

Under Current Management Since (Date) (xx/xx/xxxx)

Other Names Your Company has Operated Under

Parent Company Name

DUNS No.

Address

City

State

Zip/Postal Code

Subsidiary Name

DUNS No.

Address

City

State

Zip/Postal Code

Supplier Finances

Bank Name

Address

City

State

Zip/Postal Code

Amount of Bank Line of Credit

Secured?

Attach Audited Balance Sheet for the Two Years or Annual Report.

Supplier Profile

Provide a brief historical perspective on your company (management, years in business, key industry innovations, etc.) and provide an overview of your company's growth over the past five years.

Material/Equipment offered:

Capabilities Overview

State of Incorporation

Type of Corporation

Year Founded (xxxx)

Number of Salaried Employees

Number of Non-salaried Employees

Production Locations

Physical Size (square footage)

Annual Production Capacity (\$)

Limits to your Production Capacity

Warehousing Capability (BOM & Finished Goods) (in weeks of production capacity)

Annual Revenue (\$)

Labor Profile (union/non-union)

Credentials, Production, and Logistical Capabilities:

COMPANY 1: Company Name

Company 1: Contact Name

Company 1: Annual Volume of Sales

Company 1: Sales Volume to this Customer

COMPANY 2: Company Name

Company 2: Contact Name

Company 2: Annual Volume of Sales

Company 2: Sales Volume to this Customer

COMPANY 3: Company Name

Company 3: Contact Name

Company 3: Annual Volume of Sales

Company 3: Sales Volume to this Customer

Supplier Shop Data

Which shop/plant will be used to fabricate this item?

What is the failure rate of units produced at the proposed factory?

Please list customers who have had units produced at this plant.

Shop Capacity

Is the shop/plant that will be used to fabricate this item a union or non-union facility?

Union

Non-union

If facility is union, when was the last work stoppage due to strike?

How long did it last?

Current Open Capacity (man-hours):

Can Supplier service all locations and requirements?

Yes

No

If no, what locations or how many man-hours could Supplier supply?

Will Supplier require significant capital investment?

Yes

No

Factory Tests?

Yes

No

In Service?

Yes

No

Safety Data

Provide your firm's Experience Modification Rate (EMR) data for the past three years.

Year 2009

Year 2008

Year 2007

Provide your firm's Recordable Injury Incident Rate for the past three years.

Year 2009

Year 2008

Year 2007

How do you ensure that your employees work safely? Please describe your company's safety program/training.

Quality Data

Do you have a QA/QC Program?	Yes	No
ISO 9000 Certified?	Yes	No
ISO 14000 Certified?	Yes	No

What is your definition of quality and how is it measured?

What action is taken when quality does not meet the customer's specifications or needs?

Describe your quality control processes.

Describe company nuclear experience.

How many employees does your company have?

How many engineers?

How many people involved in nuclear?

10 CFR 50 Appendix B Program experience?

Yes

No

Comment

NQA Program experience?

Yes

No

Comment

N Stamp experience?

Yes

No

Comment

What are your ASME/other certifications as related to your area of expertise and in nuclear?

Work in Harmony

The contractor is responsible for harmonious labor relations among its own employees; and with respect to the contractor's presence at the site where the project is being performed, its own employees, DTE Energy employees and the employees of any other contractor that are on or in proximity of the site. Failure to comply is sufficient cause for bid rejection.

List the trade classifications of the contractor's and subcontractor's employees. If none, state none.

List the contractor trade classifications and union affiliations.

Supplier Claims

Are there any claims against your company or material/service litigations which would hamper your ability to supply product/service?

Yes No

Diversity and Disadvantaged Program Eligibility Criteria

Small Business as Defined by SBA?	Yes	No	Comment
Woman-owned Business as Defined by SBA?	Yes	No	Comment
Small Disadvantaged Business as Defined by SBA?	Yes	No	Comment
Hub Zone Business as Defined by SBA?	Yes	No	Comment
Minority-owned (Greater than 51%)?	Yes	No	Comment
Women-owned (Greater than 51%)?	Yes	No	Comment
Subcontractors Qualify Under Above?	Yes	No	Comment
Veteran?	Yes	No	Comment
Service Disabled Veteran?	Yes	No	Comment

NAIC/SIC Codes:

Payment Terms and Discounts

Terms (discount/days/net):

Specify (clarify) Non-Standard Terms, If Any:

Purchaser Standard Payment Terms

Accept Purchaser's Standard Payment Terms? Yes No

Specify any Alternate Terms

Additional Questions

Do you have a current facility in the state of Michigan? Yes No

Type of Facility

Facility Location

Do you have current partnerships with entities in the state of Michigan? Yes No

Would you be interested in expanding to or developing partnerships in the state of Michigan? Yes No

Technical Area(s) of Expertise

Civil / Structure	Yes	No	Comment
Mechanical Systems	Yes	No	Comment
Electrical Systems	Yes	No	Comment
Fire Protection	Yes	No	Comment
Instrumentation and Controls	Yes	No	Comment
Robotics	Yes	No	Comment
Pumps	Yes	No	Comment
Valves	Yes	No	Comment
Breakers	Yes	No	Comment
HVAC	Yes	No	Comment
Vessels	Yes	No	Comment
Piping	Yes	No	Comment
Insulation	Yes	No	Comment
Security	Yes	No	Comment
Construction	Yes	No	Comment
Construction Management	Yes	No	Comment
Project Controls (cost and schedule)	Yes	No	Comment
Other	Yes	No	Comment