

# Supplier Business Questionnaire



ON LAND. AT SEA.

Please type answers directly into the questionnaire spreadsheet in the fields highlighted

>

## Company Information

Company Name **: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span>	<b>For Bergen Engines Use Only :</b>  Date Issued : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>  Date Returned : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>  Date Assessed : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>  Assessors : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>		
Company Address : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 300px; height: 100px;"></span>			
Post Code : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span>			
Country : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 300px; height: 15px;"></span>			
Subsidiary of : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 200px; height: 15px;"></span>			
Group : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Holding Co : <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Public <input type="checkbox"/>	Private <input type="checkbox"/>

Strike out above as applicable

Please attach copies of group / holding company organisation structures, along with own organisation structure and management structure. Also include any relevant company brochures.

(Note : the remainder of this questionnaire relates specifically to the first Company identified above as \*\*)

No. of employees:	Staff	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	Engineering	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>
	Works	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	Quality	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>
Facility Size:	Works	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> m <sup>2</sup>	Office	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> m <sup>2</sup>
			Development/Design	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>

## Management & Organisation Contacts

	Name	Title	Phone	Fax	E.Mail
Managing Director :	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
Commercial :	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
Quality :	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
Supply Chain :	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
Technical :	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>

## Langley Relationships

Briefly indicate current and past work previously carried out for Bergen Engines or Langley

	Current	Past		Current	Past
Marelli:	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	Other Langley Entities:	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
Piller :	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	Other Langley Entities:	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>	<span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>

## Core Business Activities

Summary Of Principal Business Activities and Products Manufactured : (indicate percentage of each to total)

Business Strategy :

Joint Venture / Risk & Revenue Sharing Partnerships (if any):

Planning and production programmes:

Experience with cost models, brief explanation of methodology:

Current / Future IT capabilities (Please specify):

Participation / experience of concurrent/simultaneous engineering:

**Main Customer Base (references) :**

Name :	Address :	Contact :

**Main Competitors :**

Marine:	Other :
Aerospace:	

Year in Business : <input style="width: 100%;" type="text"/>	
Turnover in Marine (Euro) (if any): <input style="width: 100%;" type="text"/>	in financial year : <input style="width: 100%;" type="text"/> Year 2017
Turnover Total (Euro) : <input style="width: 100%;" type="text"/>	in financial year : <input style="width: 100%;" type="text"/> Year 2016
% Marine (if any): <input style="width: 100%;" type="text"/> Of total business	% Export : <input style="width: 100%;" type="text"/> Of total business

## Quality, Environmental and Company Approvals

Approvals held	Accrediting Body

Delegated approvals	Authority

**How do you manage the company quality system ? Include internal concern reporting and resolution**

**Please give details of the quality measurement & reporting systems used e.g PPM**

If the company does not have ISO 14001, EMAS or similar approvals, does the quality system include any of the following environment related requirements?

Environmental procedures	<input type="checkbox"/>	Environmental information to employees	<input type="checkbox"/>
Measurement/monitoring of waste and processes	<input type="checkbox"/>	Trade effluents (i.e. Consent to discharge)	<input type="checkbox"/>
Environmental training for employees	<input type="checkbox"/>	Solid/liquid waste not discharged to sewer	<input type="checkbox"/>
Environmental objectives and targets	<input type="checkbox"/>	Airborn emissions	<input type="checkbox"/>
Emergency plans	<input type="checkbox"/>	Substances hazardous to health (C.O.S.H.H)	<input type="checkbox"/>
Identified aspects and impacts of processes	<input type="checkbox"/>	Legislative requirements	<input type="checkbox"/>
Environmental audit programme	<input type="checkbox"/>	Energy usage	<input type="checkbox"/>
Monitoring of environmental legislation	<input type="checkbox"/>	Do you intend to qualify for a formal environmental approval ?	<input type="checkbox"/>

### Continuous Improvement

**Do you have detailed continuous improvement plans? If so, what are they and how well are they established?**

Name of Continuous Improvement Manager/Responsible:

## Financial Information

EUR € x1000	2017	2018	2019
Revenues			
Operating Cost			
Manufacturing breakdwon:			
Fixed			
Variable			
Overhead :			
Sales, genral & administration			
Net Income			

\* Please provide as a separate attachment the last 3 years of published, full, audited financial account statements.

## Delivery Responsiveness

Please indicate for your different commodity types the customer service level as a % of Delivery in Full on Time to the Customers Original Request (DIFOT).

Commodity Type	Customer Service Level (% DIFOT)				
	2016	2017	2018	2019	2020 target

## Supply Chain

**Main Supply Base :**

Name :	Address :	Contact :	Product :

**What is your sourcing policy ?**

**What level & frequency of supplier audits do you employ?**

**Do you have detailed continuous improvement plans that involve your supply chain?**

Please give details of your experience operating in vendor stocking schemes such as consignment stocks, kitting programme or buffer stocks.

## Insurance

Please provide details of what areas of liability are covered by your insurance policy and to what value of financial claim

## Pricing Policy

Are you prepared to declare your cost structure?

 Yes No

Please provide details of your experience in providing full cost breakdown to facilitate total cost analysis

Please provide details of your experience in operating Long Term supply agreements with your major customers

Please provide details of your experience in agreements to take out costs on a year by year basis.

Please provide details of your experience in sharing costs with key customers on major investment programmes in order to ensure joint success

What is your average cost rate (per std hour)

## Materials Used

Please mark with an asterix if you use the following materials

Define the material specifications used :

Steels :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel Based Alloys :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aluminium :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cast Iron :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Main Material Sources

Name :	Address :	Contact :
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

## Product Portfolio

Product Breakdown	Maximum Capability to nearest mm					Minimum Capability (if applicable) to nearest mm				
	Length	Width	Height	Diameter	Weight	Length	Width	Height	Diameter	Weight
Indicate % of total business										
Profile Cutting : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brassing / Welding : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgings : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Castings : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamping / Pressing : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machining : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milling : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grinding : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Treatment : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipework : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulics : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assembly : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (specify) : %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total :</b>	<b>100 %</b>									

## Design / Research & Development

Please provide details of your experience in work on design related projects.

What is your company strategy on Research & Development?

What is your company budget for Research & Development?

# Manufacturing Competencies

Please indicate with an asterisk \* if your company has the following processes In House or available and in use in your current Sub Contract network

Fabrication			Machining			Process			Inspection		
	In House	Sub Contract		In House	Sub Contract		In House	Sub Contract		In House	Sub Contract
Band saw	<input type="checkbox"/>	<input type="checkbox"/>	Boring	<input type="checkbox"/>	<input type="checkbox"/>	Adhesive Bond	<input type="checkbox"/>	<input type="checkbox"/>	Braze Inspect	<input type="checkbox"/>	<input type="checkbox"/>
Deburr	<input type="checkbox"/>	<input type="checkbox"/>	Broaching	<input type="checkbox"/>	<input type="checkbox"/>	Alocrome	<input type="checkbox"/>	<input type="checkbox"/>	Dimensional - CMM	<input type="checkbox"/>	<input type="checkbox"/>
Draw	<input type="checkbox"/>	<input type="checkbox"/>	Drill	<input type="checkbox"/>	<input type="checkbox"/>	Anodise	<input type="checkbox"/>	<input type="checkbox"/>	Dimensional - Table	<input type="checkbox"/>	<input type="checkbox"/>
Expand	<input type="checkbox"/>	<input type="checkbox"/>	ECM	<input type="checkbox"/>	<input type="checkbox"/>	Blast - Dry	<input type="checkbox"/>	<input type="checkbox"/>	Flor Penetrant Inspect	<input type="checkbox"/>	<input type="checkbox"/>
Fit	<input type="checkbox"/>	<input type="checkbox"/>	EDM (Erode)	<input type="checkbox"/>	<input type="checkbox"/>	Blast - Vapour	<input type="checkbox"/>	<input type="checkbox"/>	Flow Test - Air	<input type="checkbox"/>	<input type="checkbox"/>
Fold / Roll	<input type="checkbox"/>	<input type="checkbox"/>	EDM (Wire Cut)	<input type="checkbox"/>	<input type="checkbox"/>	Braze - Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	Flow Test - Water	<input type="checkbox"/>	<input type="checkbox"/>
Form - Cold	<input type="checkbox"/>	<input type="checkbox"/>	Flowturn	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Clean	<input type="checkbox"/>	<input type="checkbox"/>	Mag Penetrant Inspect	<input type="checkbox"/>	<input type="checkbox"/>
Form - Hot	<input type="checkbox"/>	<input type="checkbox"/>	Gear Cutting	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Machining	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Test - Air	<input type="checkbox"/>	<input type="checkbox"/>
Form - Super Plastic	<input type="checkbox"/>	<input type="checkbox"/>	Grind	<input type="checkbox"/>	<input type="checkbox"/>	Degrease	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Test - Water	<input type="checkbox"/>	<input type="checkbox"/>
Hydrobulge	<input type="checkbox"/>	<input type="checkbox"/>	Curvic Grind	<input type="checkbox"/>	<input type="checkbox"/>	De-scale	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasonic Inspect	<input type="checkbox"/>	<input type="checkbox"/>
Press	<input type="checkbox"/>	<input type="checkbox"/>	Laser - Cut	<input type="checkbox"/>	<input type="checkbox"/>	Diffusion Bond	<input type="checkbox"/>	<input type="checkbox"/>	Visual Inspect	<input type="checkbox"/>	<input type="checkbox"/>
Rivet	<input type="checkbox"/>	<input type="checkbox"/>	Laser - Drill	<input type="checkbox"/>	<input type="checkbox"/>	Electroplating	<input type="checkbox"/>	<input type="checkbox"/>	Weld Inspect	<input type="checkbox"/>	<input type="checkbox"/>
Shear / Crop / Nibble	<input type="checkbox"/>	<input type="checkbox"/>	Linish	<input type="checkbox"/>	<input type="checkbox"/>	Heat Treatment - Air	<input type="checkbox"/>	<input type="checkbox"/>	X Ray	<input type="checkbox"/>	<input type="checkbox"/>
Sheetmetalwork	<input type="checkbox"/>	<input type="checkbox"/>	Mill - CNC 3 Axis	<input type="checkbox"/>	<input type="checkbox"/>	Heat Treat - Blanket	<input type="checkbox"/>	<input type="checkbox"/>	Assembling	<input type="checkbox"/>	<input type="checkbox"/>
Spinning	<input type="checkbox"/>	<input type="checkbox"/>	Mill - CNC 4 Axis	<input type="checkbox"/>	<input type="checkbox"/>	Heat Treat - Vacuum	<input type="checkbox"/>	<input type="checkbox"/>	Kitting	<input type="checkbox"/>	<input type="checkbox"/>
Swage	<input type="checkbox"/>	<input type="checkbox"/>	Mill - CNC 5 Axis +	<input type="checkbox"/>	<input type="checkbox"/>	Paint	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Electron Beam	<input type="checkbox"/>	<input type="checkbox"/>	Mill - Manual	<input type="checkbox"/>	<input type="checkbox"/>	Plasma Spray	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Hand	<input type="checkbox"/>	<input type="checkbox"/>	Polish	<input type="checkbox"/>	<input type="checkbox"/>	Steam Clean	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Laser	<input type="checkbox"/>	<input type="checkbox"/>	Turn - Hor'z CNC	<input type="checkbox"/>	<input type="checkbox"/>	Turco Coat	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Linear	<input type="checkbox"/>	<input type="checkbox"/>	Turn - Hor'z Manual	<input type="checkbox"/>	<input type="checkbox"/>	Sand casting	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Orbital	<input type="checkbox"/>	<input type="checkbox"/>	Turn - Vert Bore CNC	<input type="checkbox"/>	<input type="checkbox"/>	Chill Mould	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Rotary	<input type="checkbox"/>	<input type="checkbox"/>	Turn - Vert Bore Man	<input type="checkbox"/>	<input type="checkbox"/>	Centrifugal casting	<input type="checkbox"/>	<input type="checkbox"/>			
Weld - Seam / Spot	<input type="checkbox"/>	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	<input type="checkbox"/>						



## Load / Capacity & Inventory Management

Are you able to define capacity in terms of total theoretical manufacturing hours for each major process or manufacturing cell?

Yes

No

	2016	2017	2018	2019	2020
Current Manufacturing Workload :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Manufacturing Capacity (A) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Committed Capacity Growth (B) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Proposed Capacity (A+B) :	0	0	0	0	0
Load Capacity Balance % :	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Note : all load / capacity data to be quoted on STH \* 1000 (i.e. thousands of standard hours)

How often is capacity balance routinely re-evaluated?

Who is responsible for reviewing load & capacity and addressing underload/overload situations?

Name  Position

Are you able to demonstrate a comparison between hours achieved in the past to hours planned in the future?

Yes   
No

**If yes, what plan is in place to relieve any bottle-necks?**

Please specify current value of arrears to order in terms of days or weeks of arrears

**What is the root cause of this lateness/arrears?**

**How do you measure your efficiencies? (e.g scrap rates, re-work, queue times etc.)?**

**What level of inventory are you currently holding (Euro)?**

**What plans do you have to reduce the level of inventory?**

## Other Relevant Information

Please use this page to supplement / clarify any of the information provided on page 1 to 5 above

