

**Metalworking Industry Survey Questionnaire  
(Electroplating Sector)**

MIRDC-INDUSTRY PROFILING (PART1-A)

**Form 1**

Name of Company : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Facsimile No.: \_\_\_\_\_ E-mail : \_\_\_\_\_

Year established : \_\_\_\_\_ Initial Capitalization : \_\_\_\_\_

Parent Company : \_\_\_\_\_

Product Lines/Services Offered: \_\_\_\_\_

New Products : \_\_\_\_\_

Is the establishment exporting products?  Yes  No If YES, please specify countries: \_\_\_\_\_

Name of President / CEO / Owner : \_\_\_\_\_

**Q1. Form of Business Organization:** Please check.

- Single Proprietorship  Partnership  Corporation  Others, specify \_\_\_\_\_  
 Single Prop.w/ branches  Cooperative  Foundation \_\_\_\_\_

**Q2. Type of Business Activity:** (Check appropriate box)

- Independent  In-house or Captive (subsidiary of a larger company)

**Q3. Business Type:**  Manufacturing  Jobbing (i.e.walk-in)  Both

**Q4. Classification according to capital (Peso):** (Check appropriate box)

- Micro (P3,000,000 or Less)  Small (P3,000,001-P15,000,000)  
 Medium (P15,000,001-P100,000,000)  Large (Greater than P100 Million)

**Q5. Classification according employment:**

- Micro (1 - 9)  
 Small (10 - 49)  
 Medium (49 - 99)  
 Large (100 and more)

**Q6. Number of Employees:** \_\_\_\_\_

Production : \_\_\_\_\_

Non-production (Admin. Staff, driver etc.): \_\_\_\_\_

Contract Worker : \_\_\_\_\_

**Q7. Metalworking Processes Employed:**

- Metalcasting  Forging  Heat Treatment  Tool and Die  
 Machining  Electroplating/Metal Finishing  Welding  Others, specify: \_\_\_\_\_  
 Stamping

**PART I-B Employment (As of December 31,2014)**

Q8. Production Personnel	With Formal Training (In-house or TESDA, etc; title/duration Indicate level)		Without Formal Training		Q9. Level of Skill (Indicate corresponding number: lowest-1, highest-5)	Level of Skill (Gen. level of skill of production personnel)
	Male	Female	Male	Female		
Managers						5 - Excellent 4 - Very Satisfactory 3 - Satisfactory 2 - Fair 1 - Poor
Engineers/Supervisors						
Quality Control Inspector						
Technicians/Operators						
Maintenance Workers						
TOTAL						

**Q10. Annual Production**

Production	2012 (Sales Volume in Kgs/Peso)	2013 (Sales Volume in Kgs/Peso)	2014 (Sales Volume in Kgs/Peso)
Local Sales			
Export Sales			
Total Sales			

**Q11. Cost of Local Production/Per Year:** (estimated amount in Peso) \_\_\_\_\_

**Q12. Revenue Generated Per Year: (estimated in Peso)**  less than 10t  10t-50t  more than 50t-150t  
 more than 150t but less than 500t  500t but less than 1M  1M-10M  more than 10M-50M  above 50M

**Q13. Sectors Being Served**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Automotive/Transport | <input type="checkbox"/> Metalworking               | <input type="checkbox"/> Semi-con (Electronics) |
| <input type="checkbox"/> Industrial Machinery | <input type="checkbox"/> Food                       | <input type="checkbox"/> Jewelries              |
| <input type="checkbox"/> Plastic              | <input type="checkbox"/> GTH (Gifts/Toys/Houseware) | <input type="checkbox"/> Others (specify) _____ |

**Q14. Are your target customers individuals, companies or organizations, or a mix of both?**

- Individuals  Companies or Organizations  Mix of both

**Q15. About how many customers are in your target market?**

**Q16. How many companies or organizations under this city/town currently provide a product or service similar to yours?**

**Q17. How competitive is the market for your target customer?**

- Extremely competitive-1  Very competitive-2  Moderately competitive-3  
 Slightly competitive-4  Not at all competitive-5

**Q18. About what percentage of your target market do you currently serve?**  <50  <80  <100  Others

**Q19. About what percentage of your target market does your largest competitor currently serve?** \_\_\_\_\_

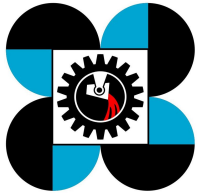
**Q20. What is the minimum number of times your target customer is likely to purchase your product or service?**  2-4 x  5-6x  7-9x  10-15x  Specify pls.

**Q21. How many customers do you need to make a profit?**  <10  <20  <30  <40  Specify pls.

PART III – Technical Profile

**Q22. Equipment/Processes (As of December 31, 2014)**

Equipment/Processes	Quantity	Year Acquired	Cap. Model/ Brand	Utilization Rate	Present Condition		Acquisition Status			
					Working	Non-working	Imported	Local	New	Second Hand
<b>A. PLATING TANK</b>										
1. Plastic/Wooden Plating Tank										
2. Non-lined Steel Tank										
3. Steel Tank Lined with PVC										
4. Cement Tank Lined with PVC										
5. Cement Tank Lined with Fiber Glass										
7. Others, specify:										
<b>B. QUALITY CONTROL PROCESSES</b>										
1. Visual										
2. Coating Thickness										
3. Adhesion Test										
4. Accelerated Corrosion Test										
5. Others, specify:										



## Metalworking Industry Survey Questionnaire (Electroplating Sector)

**Q23. Types of Plating Application (Please Check)**

- Decorative   
  Anti-Rusting   
  Functional   
  Others, specify: \_\_\_\_\_

**Q24. Types of Plating (Please Check)**

- Brass   
  Hard Chrome   
  Cu-Ni-Cr   
  Zinc   
  Precious Metal (Gold & Silver)
- Others, specify: \_\_\_\_\_

**Q25-Q27**

Raw Material/Chemical Used	Sources of Raw Material	Volume of Raw Materials
<input type="checkbox"/> Sheet Metal <small>(Put a check on the applicable boxes. List down all other raw materials used in the space given below or in a separate sheet)</small>	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported <small>(Put a check on the application boxes. Check both boxes if the raw materials used are obtained from both local and foreign/imported sources)</small>	<small>(Indicate the estimated the number of kilograms/tons of raw materials used by source.)</small> No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Mild Steel	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Tool Steel	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Medium Carbon Steel	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Iron	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Non-ferrous	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Plastics	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____
<input type="checkbox"/> Others, Specify _____	<input type="checkbox"/> Local <input type="checkbox"/> Foreign/Imported	No. of kgs./tons from local sources: _____ No. of kgs./tons from foreign sources: _____ Total no. of kgs./tons: _____

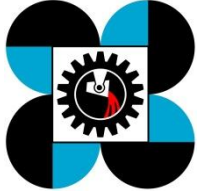
**Part IV-Business, Problems, Recommendation & Plans**

**Q28. Business Outlook Please check the appropriate box. Please provide details at the back page.**

Business Outlook	Current Year (Jan.1-Dec.31,2015)			Previous Year (Jan. 1-Dec.31, 2014)		
	Improving <input type="checkbox"/>	No Change <input type="checkbox"/>	Deteriorating <input type="checkbox"/>	Improving <input type="checkbox"/>	No Change <input type="checkbox"/>	Deteriorating <input type="checkbox"/>

- Q29. Production Problems, Issues and Concerns:**
- Materials   
  Human Resource   
  Utilities  
 Lay-out   
 Capacity   
 QC/QA   
 Utilization Rate   
 Waste Treatment  
 Others (specify) \_\_\_\_\_

**Q30. Possible Recommendations to address the above problems (Q29) (please give details)**



## Metalworking Industry Survey Questionnaire (Electroplating Sector)

**Q31. Strengths/Opportunities**

- Customer                       Delivery Time                       Craftmanship                      Others \_\_\_\_\_  
 Accuracy of Machines                       Durable Products                       Human Resource                      \_\_\_\_\_

**Q32. Weakness/Threats**

- Lack of Customers                       High Cost of Production                       Sourcing of Raw Materials  
 Stiff Competition                       Untrained Personnel                       Government Regulation  
 Others (specify) \_\_\_\_\_

**Q33. Expectations/Future Actions of the Establishment**

	Expectations for the Current Year (January 1 to December 31, 2015)			Future Actions for the Next 5 Years (2015 to 2019)		
	Up	No Change	Down	Up	No Change	Down
Volume of business activity or production						
Volume of export order book						
Volume of import order book						
Business conditions						
Average selling price						
Number of people employed						
<b>Expansion Plans</b>						
• Number of branches	<input type="checkbox"/> With	<input type="checkbox"/> Without Please specify reasons: _____		<input type="checkbox"/> With	<input type="checkbox"/> Without Please specify reasons: _____	
• Number of products lines/services offered	<input type="checkbox"/> With	<input type="checkbox"/> Without Please specify reasons: _____		<input type="checkbox"/> With	<input type="checkbox"/> Without Please specify reasons: _____	
• Technical capacity (e.g purchases of equipment innovation, etc.)	<input type="checkbox"/> With	<input type="checkbox"/> Without Please specify reasons: _____		<input type="checkbox"/> With	<input type="checkbox"/> Without Please specify reasons: _____	
Others, please specify _____ _____						

<b>Respondent</b>  _____ Signature Over Printed Name	<b>Date Conducted:</b>  _____ 2015	<b>Administered by:</b>  _____ Signature Over Printed Name
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