

TECHNOLOGY NEED ASSESSMENT FORM

Date of Assessment: _____

TNA No.: _____

Sector: _____

PART I: ENTERPRISE PROFILE

Name of Enterprise																		
Present Address																		
Contact Person																		
Tel/CP No.																		
e-mail Address																		
Website/FB Account																		
Year Established																		
Current Capitalization																		
Type of Organization (Please check appropriate box in each row)	✓	Single Proprietorship			Partnership				Cooperative				Corporation				Others:((Specify):	
	✓	Profit			Non-Profit													
	✓	Micro (P3M Total Asset Value or less)			Small (P3,000,001-P15M Total Asset Value)												Medium (P15,000,001-P100M Total Asset Value)	
Employee Profile		NUMBER OF WORKERS / AGE/ SPECIAL SECTOR																
		Under 18		18- 35		36- 59		60 & Above		PWD		Solo Parent						
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female					
Direct In Production	Regular																	
	Contractual																	
Non-Production	Regular																	
	Contractual																	
TOTAL	Regular																	
	Contractual																	
Registration		Office				Registration Number				Date of Registration								
		DTI																
		SEC																
		CDA																
		BIR																
		Mayor's Permit																

Specific product or service the enterprise offers to its customers:

PART II: ASSESSMENT

A. COMPANY BACKGROUND AND STRATEGIC DIRECTION

- Brief Enterprise History
- Vision, Mission and Values
- Plans for the next 5 to 10 years?
- Partnerships and Collaborations

Major Deficiencies and Potential Risks Identified

<i>Major Deficiencies</i>	<i>Potential Risks Identified</i>	<i>Recommendations and Opportunities for Improvements</i>

B. MANAGEMENT ASPECT

- Human Resource Management
 - **Organizational Structure**



Figure 1. Organization Structure

- Job descriptions:
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 -
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- Hiring and Criteria
- Incentives to Employees
- Training and Development Program
- Safety Measures Practiced:
- Supplies/ Purchasing System:

➤ Buildings and Facilities:

Existing Building and Facilities	STATUS (Owned, Rented, Mortgage)	Compliance to Regulations (GAD, PWD, Senior Citizen ETC)

* With plan to relocate the production area (500 sq m. with two levels)

- Hazards
- Maintenance

➤ Business Ethics and Social Responsibility

- Existing CSR Program

- Compliance to GAD

➤ Occupational Health and Safety Management

➤ ICT Management

Major Deficiencies and Potential Risks Identified

Major Deficiencies	Potential Risks Identified	Recommendations and Opportunities for Improvements

C. TECHNICAL ASPECT

➤ Production

Product /Service	Description	Volume of Production/Year	Unit Cost of Production (P)	Selling Price/Unit

➤ Raw Material

Kind / Type	Suppliers	Unit Cost (P)	Volume Used/ Year

➤ Process Flow (Key Products)

Production Process

Step	operation	transport	Inspect	Delay	Storage	Description of Process	Ingredients/ Materials	Time (minutes)	Distance (meter)
1	○	⇒	□	●	▽				
2	○	⇒	□	●	▽				
3	○	⇒	□	●	▽				
4	○	⇒	□	●	▽				
5	○	⇒	□	●	▽				
6	○	⇒	□	●	▽				
7	○	⇒	□	●	▽				
8	○	⇒	□	●	▽				
9	○	⇒	□	●	▽				
10	○	⇒	□	●	▽				
11	○	⇒	□	●	▽				
12	○	⇒	□	●	▽				
13	○	⇒	□	●	▽				
14	○	⇒	□	●	▽				
15	○	⇒	□	●	▽				
16	○	⇒	□	●	▽				
17	○	⇒	□	●	▽				

➤ Plant Layout

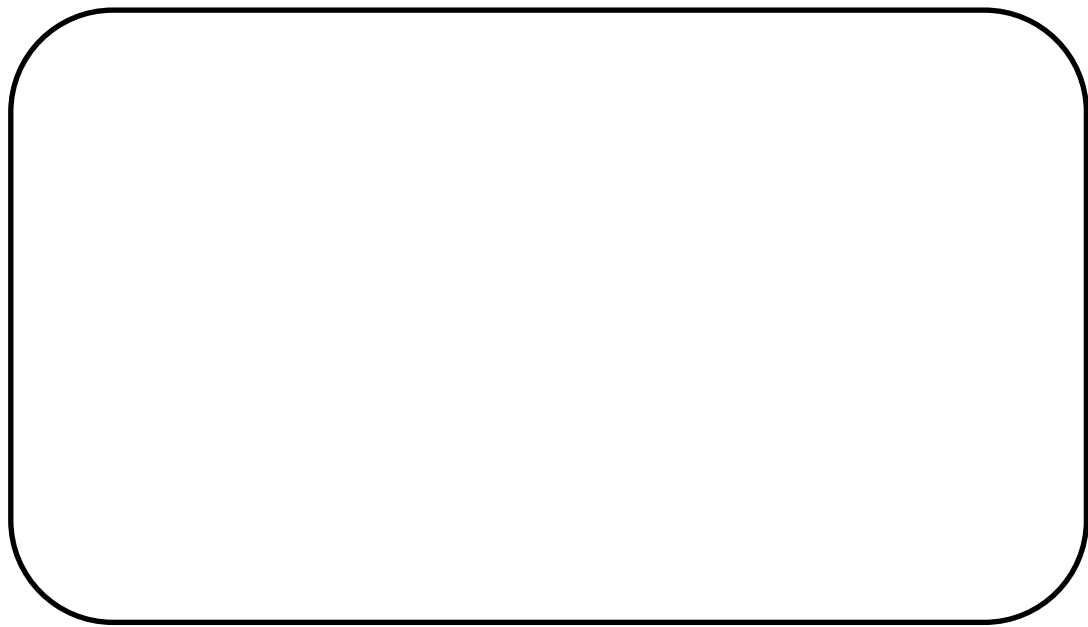


Figure 4. Existing Production Lay Out of the Company

➤ List of Production Equipment

Equipment	Specifications	Capacity		No. of Units	Year Acquired	Status / Extent of Utilization*
		Rated	Actual			

➤ Maintenance Program (Production)

➤ Production Problems and Concerns

➤ Quality Assurance System

➤ Inventory System

➤ Production Waste Management System

Waste	Volume per month	Disposal

Major Deficiencies and Potential Risks Identified

<i>Major Deficiencies</i>	<i>Potential Risks Identified</i>	<i>Recommendations and Opportunities for Improvements</i>

D. MARKETING ASPECT

- Marketing Plan
- Market Outlets and Number
- Key Strategies
- Market Competitors
 - Local
 - Foreign
- Packaging and Labels

Major Deficiencies and Potential Risks Identified

<i>Major Deficiencies</i>	<i>Potential Risks Identified</i>	<i>Recommendations and Opportunities for Improvements</i>

E. FINANCIAL ASPECT

- Financial documents (Cash Flow, Income Statement, Balance Sheet for the past 3-years)

Please see attached financial statement

- Source (s) of capital/ credit

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○

- Accounting System

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○

Major Deficiencies and Potential Risks Identified

<i>Major Deficiencies</i>	<i>Potential Risks Identified</i>	<i>Recommendations and Opportunities for Improvements</i>

SUMMARY OF FINDINGS:

RECOMMENDATIONS:

INNOVATION SYSTEM SUPPORT FUND (i-FUND)

Existing Practice/ Problems	Proposed S&T Support <i>(Equipment, Packaging/Label, Lab fee, CPR Registration)</i>

EXPECTED IMPACT:

Name of Interviewee:

Name:

Position in the Enterprise

TNA Team:

Team Leader:

Members:

Prepared by:

Reviewed by:

Staff

PSTD

Date

Date

I agree to the observations stipulated in this TNA report and that I will abide to the recommendations stipulated herein. Furthermore, I will not held liable the DOST Office No. ____ to the data gathered with respect to the data privacy law.

Conformed by :

CUSTOMER

Date: _____