



CompositesWorld Top Shops 2026

Welcome to *CompositesWorld's* Top Shops Benchmarking Survey. By completing this survey, you will receive a benchmarking report customized for your facility and have opportunities to earn top shop status as well as special recognition.

To make the process easier and more efficient, the survey is divided into two sections:

- Core Survey: A set of essential questions that most participants have answered in previous years.
- Optional Modules: Additional sections organized by specific areas of interest. You can choose the modules that are most relevant to your business. Once you select a module, we encourage you to complete all the questions within it for the most comprehensive results.

Now for your part:

1. Complete the core survey by March 31, 2026 to:

- Receive a customized benchmarking report.
- Earn Top Shops status.
- Be recognized as an honoree.

2. Opt into up to 4-5 additional modules of benchmarking questions after completing the core survey.

FAQ's on answering Q's

- If your company has multiple locations, respond for the location(s) you know best.
- If your company is a captive facility, answer based on the metrics your facility uses for internal reporting.

Tips

- You may stop and start the survey using the same device as many times as you like until you select 'Submit Responses' on the final page.
- We encourage you to review the list of questions for data you will need to complete the core survey. You may download a PDF of the core survey by clicking [here](#) before entering answers online.

If you have questions, please contact Mike Shirk, Senior Market Research Analyst, Gardner Intelligence, at mshirk@gardner.media.

* 1. Does your facility perform manufacturing operations that convert fiber and resin raw materials into fully consolidated and finished composite parts or structures?

☐ Yes

☐ No

Do not complete this survey if your facility does not meet the description above. The benchmarking does not apply to your facility and you would not receive a custom report.



Company & Contact Information

2. To receive a custom report of your facility's results, please fully complete the survey and provide your email address:

3. For the option to be part of the CW Top Shops Honors Program competition, please provide the following information:

Your Name

Title

Company Name

Address

City/Town

State/Province

ZIP/Postal Code

Country

Company Website

**Company Phone
Number**



Section 1: Profile Information

This first section of the survey includes questions pertaining to the general characteristics that help describe your facility.

Please read the instructions at each question for the accepted format for responses. If you receive an error message and your format is correct, your value is likely an exception outside of the reasonable range, and won't be accepted.

4. Which **composites manufacturing processes** did your facility perform in 2025? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Additive manufacturing/3D printing | <input type="checkbox"/> Infusion |
| <input type="checkbox"/> Automated fiber placement (AFP) | <input type="checkbox"/> Injection molding |
| <input type="checkbox"/> Automated tape laying (ATL) | <input type="checkbox"/> Pultrusion |
| <input type="checkbox"/> Compression molding | <input type="checkbox"/> Resin transfer molding (RTM) |
| <input type="checkbox"/> Cutting/kitting | <input type="checkbox"/> Sprayup |
| <input type="checkbox"/> Filament winding | <input type="checkbox"/> Thermoforming |
| <input type="checkbox"/> Hand layup | |

5. Which **secondary processes** did your facility perform in 2025? *Select ALL that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Moldmaking - metallic |
| <input type="checkbox"/> CNC machining/finishing | <input type="checkbox"/> Physical testing |
| <input type="checkbox"/> Design engineering | <input type="checkbox"/> Pre-production manufacturing |
| <input type="checkbox"/> Design simulation | <input type="checkbox"/> Prototyping |
| <input type="checkbox"/> Low-rate production manufacturing | <input type="checkbox"/> Research and development |
| <input type="checkbox"/> Materials testing | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Moldmaking - composite | |



Profile Information

6. Which **fiber and format combinations** are used at your facility?

For each format listed in rows, select the fibers your facility uses with it or select NONE.

	Aramid	Carbon, dry	Carbon, pre-pregged	Glass, dry	Glass, pre-pregged	Natural	None
Braided fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chopped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiaxial fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spread tow fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unidirectional tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woven fabric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Which **resins** are used at your facility? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Epoxy | <input type="checkbox"/> PES |
| <input type="checkbox"/> Nano-based resins | <input type="checkbox"/> Phenolic |
| <input type="checkbox"/> PAEK | <input type="checkbox"/> Polyamide (nylon) |
| <input type="checkbox"/> PEEK | <input type="checkbox"/> Polyester |
| <input type="checkbox"/> PEI | <input type="checkbox"/> Polyimide |
| <input type="checkbox"/> PEKK | <input type="checkbox"/> Vinyl ester |

8. Which **tooling materials** are used at your facility? *Select ALL that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Soluble |
| <input type="checkbox"/> Composite | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Invar | <input type="checkbox"/> Tooling board |
| <input type="checkbox"/> Nickel | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Rubber/latex (bladder) | |



Profile Information

9. How many **total individual parts** did your facility fabricate in 2025?

Please enter a whole number only; no decimals, commas, or other symbols.

10. What size parts did your facility fabricate in 2025? *Select all ranges that apply.*

☐ less than 5 feet long

☐ 5 to 15 feet long

☐ over 15 feet long

11. Which descriptor below applies to your shop? *Select ONE only.*

☐ Captive shop (component of a larger company)

☐ Contract/custom/job shop



Profile Information

12. Which of the following industries does your facility primarily serve? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Aerospace, commercial | <input type="checkbox"/> Industrial Motors/Hydraulics/Mechanical Components |
| <input type="checkbox"/> Aerospace, general aviation | <input type="checkbox"/> Machinery/Industrial Equipment |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Marine/Ship & Boat Building |
| <input type="checkbox"/> Architectural/Infrastructure/Construction Components | <input type="checkbox"/> Mass Transit |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Consumer Goods | <input type="checkbox"/> Offroad/Construction/Agricultural Machinery |
| <input type="checkbox"/> Defense/Government | <input type="checkbox"/> Oil/Gas Field & Mining Machinery |
| <input type="checkbox"/> Electronics/Computers | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Energy Storage (pressure vessels) | <input type="checkbox"/> Power Generation (turbines, batteries) |
| <input type="checkbox"/> Firearms/Ammunition | <input type="checkbox"/> Pumps, Valves & Plumbing |
| <input type="checkbox"/> Forming & Fabricating (non-automotive) | <input type="checkbox"/> Sporting Goods |
| <input type="checkbox"/> Furniture Manufacturing | <input type="checkbox"/> Wind Energy |
| <input type="checkbox"/> Hardware/Fasteners | <input type="checkbox"/> Wire Goods/Pipes |
| <input type="checkbox"/> Other (please specify) | |

13. Which certifications does your facility have currently? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> ISO 9001:2015 | <input type="checkbox"/> Nadcap |
| <input type="checkbox"/> ISO 13485:2016 | <input type="checkbox"/> AS9100D |
| <input type="checkbox"/> ISO 14001:2015 | <input type="checkbox"/> None of these |
| <input type="checkbox"/> IATF 16949:2016 | |

14. What is the **total square footage** of your entire building? Enter your best estimate if you do not have the measurements handy.

Please enter a whole number only; no decimals, commas or other symbols.



Section 2: Technology/Equipment

This section of the survey includes questions pertaining to the technology your facility uses in composites manufacturing.

15. Which **curing methods** does your facility use? *Select ALL that apply.*

- ☐ Autoclave
- ☐ Heated mold
- ☐ Infrared/microwave
- ☐ Oven
- ☐ Room temperature

16. Which, if any, type(s) of **automation** does your facility use? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Automated adhesive application | <input type="checkbox"/> Automated parts transfer |
| <input type="checkbox"/> Automated cutting/kitting | <input type="checkbox"/> Automated preforming |
| <input type="checkbox"/> Automated fiber/tape placement | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Automated part inspection | |

17. Which types of **part measurement/assessment equipment** does your facility use? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> CMM in quality department | <input type="checkbox"/> Plant floor CMMs |
| <input type="checkbox"/> Laser trackers | <input type="checkbox"/> Portable measuring arms |
| <input type="checkbox"/> Microscopes | <input type="checkbox"/> Vision systems |
| <input type="checkbox"/> Optical comparators | <input type="checkbox"/> None of these |



Technology/Equipment

18. Which types of **non-destructive inspection (NDI) equipment** does your facility use? *Select ALL that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Acoustical | <input type="checkbox"/> Thermographic |
| <input type="checkbox"/> Holographic | <input type="checkbox"/> Ultrasonic |
| <input type="checkbox"/> Manual (tapping) | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Shearographic | <input type="checkbox"/> None |

19. Which management **software** does your facility use? *Select ALL that apply or NONE only.*

- ☐ Process monitoring
- ☐ Production monitoring
- ☐ Enterprise resource planning (ERP)
- ☐ None



Section 3: Operations

This section of the survey includes questions pertaining to product quality and facility efficiency.

20. Which of the following practices and improvement methodologies does your shop use?
Select ALL that apply OR the last option only.

- | | |
|---|--|
| <input type="checkbox"/> 5S workplace organization | <input type="checkbox"/> Lean manufacturing |
| <input type="checkbox"/> Benchmarking | <input type="checkbox"/> Overall Equipment Effectiveness (OEE) monitoring and analysis |
| <input type="checkbox"/> Cellular manufacturing | <input type="checkbox"/> Poka yoke (error prevention) |
| <input type="checkbox"/> Continuous improvement program | <input type="checkbox"/> Six Sigma |
| <input type="checkbox"/> Customer surveys | <input type="checkbox"/> Theory of constraints |
| <input type="checkbox"/> Daily layered accountability | <input type="checkbox"/> Total productive maintenance |
| <input type="checkbox"/> Design of experiments | <input type="checkbox"/> Total quality management |
| <input type="checkbox"/> Just-in-time movement of materials | <input type="checkbox"/> Value-stream mapping |
| <input type="checkbox"/> Kaizen events/blitzes | <input type="checkbox"/> No formal methodology |
| <input type="checkbox"/> Kanban and pull systems | |

21. Does your facility measure machinery/equipment uptime?

- ☐ Yes
- ☐ No



Operations

Please read the instructions at each question for the accepted format for responses. If you receive an error message and your format is correct, your value is likely an exception outside of the reasonable range, and won't be accepted.

22. What was your facility's total machinery and equipment **uptime percentage** in 2025?

Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

23. On average, how many hours per week was your facility in operation in 2025?

Please enter a whole number only; no decimals, commas, or other symbols.

24. What was your facility's average **capacity utilization** percentage in 2025?

There is no single formula that fits how every facility figures **capacity utilization**. For this question, please think about what you consider to be at full capacity for your facility. Then enter as a percentage the degree to which your facility's capacity was typically in use relative to being at full capacity in 2025.

Enter your number between 1 and 100 without a % sign. You may enter a decimal, but no other signs or symbols.

Example: If your facility was typically using capacity that represented about 85% of full capacity in 2025, meaning your facility typically had 15% capacity available, you would enter 85 for capacity utilization.

25. What was your facility's average **order lead time** in 2025, defined as the number of days from receipt of order to delivery to customer?

Please enter a whole number only; no decimals, commas, or other symbols.

26. What was your facility's **on-time delivery rate** in 2025, defined as the percentage of goods delivered on timing committed? Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.



Operations

27. What was your facility's **finished product first-pass quality yield** in 2025, defined as the percentage of product that passed inspection on first attempt? (i.e., no re-work was required). Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

28. What was your facility's **scrap and rework UNIT percentage**, defined as the number of 2025 scrapped or reworked parts as a percentage of 2025 total parts produced? This includes trimmings, offcuts, and non-repairable finished parts. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If 83 parts were scrapped or reworked, and 1000 parts were produced, you would enter 8.3.

29. What was your facility's **scrap and rework COST percentage**, defined as the cost of scrapped or reworked materials as a percentage of 2025 total dollar sales? This includes trimmings, offcuts, and non-repairable finished parts. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If \$550 worth of materials were scrapped and sales were \$50,000, you would enter 1.1.

30. What percentage of your facility's scrap material, by volume, was **reused or diverted from landfills** in 2025? Enter your number between 0 and 100 without a % sign. A '0' would indicate that your facility doesn't process in-house scrap material.

You may enter a decimal, but no other signs or symbols.

Example: For 80% you would enter 80. for 80.5% you would enter 80.5.



Operations

31. What proportion of all parts does your facility typically inspect prior to delivery to the customer? *Select ONE only.*

- ☐ All of them
- ☐ Most of them
- ☐ About half of them
- ☐ Less than half of them
- ☐ Just a few of them

32. Generally speaking, which parameters of quality are critical to the parts your facility fabricates? *Select ALL that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Corrosion resistance | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Dimension | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Durability | <input type="checkbox"/> Toughness |
| <input type="checkbox"/> Mass/weight | <input type="checkbox"/> Transmissivity |
| <input type="checkbox"/> Porosity | <input type="checkbox"/> Weather resistance |

33. How, if at all, does your facility track and manage materials expiration? *Select ALL that apply.*

- ☐ Manually with paper-based system
- ☐ Manually with computer-based system
- ☐ Automatically with computer-based system
- ☐ Our facility does not track materials expiration



Section 4: Business Strategy & Performance

The next section of the survey includes questions pertaining to financial, operational and customer information.

Please read the instructions at each question for the accepted format for responses. If you receive an error message and your format is correct, your value is likely an exception outside of the reasonable range, and won't be accepted.

34. Which of the following supply chain practices does your shop use? *Select ALL that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Accessing/using customer forecasts | <input type="checkbox"/> Just-in-time deliveries to customers |
| <input type="checkbox"/> Certification of major suppliers | <input type="checkbox"/> Sharing forecasts with suppliers |
| <input type="checkbox"/> Collaborative design/DFM with customers | <input type="checkbox"/> Inventory managed by suppliers |
| <input type="checkbox"/> Collaborative design/DFM with suppliers | <input type="checkbox"/> Inventory managed for customers |
| <input type="checkbox"/> Customer satisfaction surveys | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Just-in-time deliveries from suppliers | |

35. Were any **capital investments** made in your facility in 2025?

- ☐ Yes
- ☐ No
- ☐ Not sure



Business Strategy & Performance

36. How much did your facility spend (in US dollars) on **capital equipment** in 2025?

Round to the nearest dollar and enter without any signs or symbols.

37. Please provide your facility's 2025 **capital equipment expenditure as a percentage of gross sales**. Round to the nearest whole number and enter without a % sign.

Formula = $[(2025 \text{ cap equip exp} / 2025 \text{ gross sales}) * 100]$

Example: If your capital equipment expenditure was \$500 and your gross sales were \$5000, you would enter 10.

38. Please provide your facility's 2025 **overall profit margin percentage**, defined as your facility's net income (after tax) relative to gross sales, rounded to the nearest whole number. Include a minus sign if your number is negative.

Formula = $[(2025 \text{ net income} / 2025 \text{ gross sales}) * 100]$

Example: If your 2025 net income was negative \$300 and your gross sales were \$5000, you would enter -6.

39. Please provide your facility's 2025 **ROA**, defined as your facility's net income (after tax) relative to total assets, rounded to the nearest whole number. Include a minus sign if your number is negative.

Formula = $[(2025 \text{ net income} / 2025 \text{ total assets}) * 100]$

Example: If your 2025 net income was negative \$300 and your total assets were \$10,000, you would enter -3.



Business Strategy & Performance

40. Please provide your facility's **total revenue** for 2025 in US dollars. Providing your facility's revenue confidentially enables us to perform useful calculations on your behalf.

Please enter a whole number only; no decimals, commas, or other symbols.

41. Please provide your facility's 2025 **gross sales per employee** in US dollars.

Example: If your gross sales were \$5000 and you have 20 employees, you would enter 250.

Round to the nearest dollar and enter without any signs or symbols.

42. Please provide your facility's **percent change in annual sales** from 2024 to 2025 using the following formula. Round to the nearest whole number, using a minus sign if necessary.

Formula = $[(2025 \text{ gross sales} - 2024 \text{ gross sales}) / 2024 \text{ gross sales}] * 100$

Example: If your 2024 sales were \$4000 and your 2025 sales were \$5000, you would enter 25.



Business Strategy & Performance

43. What was your facility's **customer retention rate** for 2025? This is the number of your facility's customers in 2025, who were also customers in 2024, as a percentage of your 2024 total customer base. Enter your number between 1 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If you had 50 customers in 2025 who were also customers in 2024, and a total of 60 customers in 2024, your customer retention rate would be 83%, and you would enter 83.

44. What percentage of total orders specify the **types of raw materials** your facility must use? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.

45. What percentage of total orders specify that **raw materials must come from a specific supplier**? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.



Business Strategy & Performance

46. About how many **years** has your facility been involved in composites fabrication?

Please enter a whole number only; no decimals, commas, or other symbols.

47. As best as you can say, what percentage of your facility's revenue is **derived from composites manufacturing**? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.



Section 5: Human Resources

The final section of the core survey pertains to employees, training, and safety.

48. How many **total people** did your facility employ in 2025 at the location(s) to which your answers apply?

Please enter a whole number only; no decimals, commas or other symbols.

49. What was your facility's **annual labor turnover rate of plant floor employees** in 2025? This is the number of voluntary plus involuntary separations of plant floor employees as a percentage of the total usual number of plant floor staff. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: If 6 plant floor employees left in 2025 and your usual plant floor staff totals 30, you would enter 20.

50. What was the approximate **average hourly wage rate** in US dollars, without overtime, for non-management plant floor employees in 2025?

You may enter a decimal, but no other signs or symbols.



Thank you for completing the core questions!

Next are opportunities for additional benchmarking that can be just as useful as the core. The choice to take advantage is yours.

There are 4 categories of questions that we call modules: profile, operations, business strategy, and human resources. Some modules may be of more interest to you than others. If you are, for example, re-examining your shop's business strategies, you may want to complete that module. Any questions you do answer will be included in your custom benchmarking report.

If you opt out of all modules, you will be taken to the end of the survey to submit your core responses.

* 51. Please select the additional modules in which you'd like to participate. Choose as many as you like **or** select the last option to proceed to a screen where you submit your core responses.

- ☐ Profile/Shop module (3 questions)
- ☐ Operations module (3 questions)
- ☐ Business Strategy & Performance module (13 questions)
- ☐ Human Resources module (10 questions)
- ☐ I cannot benefit from additional benchmarking



Profile Module

52. How many different **part numbers (SKUs)** did your facility fabricate in 2025?

Please enter a whole number only; no decimals, commas, or other symbols.

53. Which of the following, if any, describe your company? *Select ALL that apply.*

- ☐ Family owned
- ☐ Minority owned
- ☐ Veteran owned
- ☐ Woman owned
- ☐ None of these

54. As of the end of 2025, how many years has your company been in business?

Please round to the nearest whole number.



Operations Module

55. How, if at all, does your facility communicate overall part quality and operations efficiency to employees? *Select ALL that apply.*

- ☐ Printed reports/bulletin boards
- ☐ Digitally via television monitors
- ☐ Online
- ☐ We do not communicate part quality or operations data to employees

56. On average, how many **days of inventory** did your facility have on hand in 2025?
Please enter a whole number only; no decimals, commas, or other symbols.

57. Please select the rating that best describes your 2025 business practice in each of the areas listed below.
Select ONE rating for EACH row.

	Do not have written procedures	Have written procedures, but need updating	Have written procedures, and they are current
Raw material quality check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepreg out time tracking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mold cleaning and preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary fabrication process steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finished product testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Business Strategy & Performance Module

58. Briefly explain one new technology, equipment strategy or strategic initiative that has been most influential in contributing to the overall success of your business in recent years.

Please be specific.

59. How many **active customers** did your facility have in 2025?

Please enter a whole number only; no decimals, commas, or other symbols.

60. About **how many** quotes for new parts did your facility deliver in one month, on average, during 2025?

Please enter a whole number only; no decimals, commas, or other symbols.

61. About **how long** from the time a request was received in 2025 did it typically take your facility to deliver a quote for new parts?

- ☐ 12 hours or less
- ☐ 24 hours
- ☐ 48 hours
- ☐ 72 hours
- ☐ More than 72 hours
- ☐ Not sure

62. About what **percentage** of quotes for new parts did your facility win in 2025?

Please enter a whole number only; no decimals, commas, or other symbols.

63. As best as you can say, was the pricing your facility quoted typically higher or lower than the pricing competition quoted for the same new parts in 2025?

- ☐ Higher
- ☐ Lower
- ☐ Don't know



Business Strategy & Performance Module

64. By about how much was your facility's pricing for new parts different than the competition's in 2025?

- ☐ less than 5%
- ☐ 5% - 10%
- ☐ 11% - 15%
- ☐ 16% - 20%
- ☐ more than 20%
- ☐ Don't know

65. Which tools/formats did your facility typically use for estimating new parts in 2025?

- ☐ Paper
- ☐ Excel
- ☐ Job Quoting Software
- ☐ ERP System
- ☐ Other (please specify)

- ☐ Don't know

66. During 2025, was your facility part of any online sourcing services that match buyers with qualified suppliers? Examples include Xometry, Fictiv, Paperless Parts.

- ☐ Yes
- ☐ No
- ☐ Not sure



Business Strategy & Performance Module

67. What percentage of total orders specify the **type(s) of inspection equipment/methods** your facility must use? Enter your number between 0 and 100 without a % sign.

Please enter a whole number only; no decimals, commas, or other symbols.

68. Below are business practices that your shop may or may not apply. Please select all that you consider to have been in place at your shop in 2025.

- ☐ Business metric goal setting
- ☐ Business strategy development
- ☐ Regularly scheduled management/department head meetings
- ☐ Regularly scheduled, formal review of the state of the business
- ☐ Steering board/committee including outside membership
- ☐ Family business/succession planning
- ☐ Regular peer group participation
- ☐ None of these

69. Which of the following **sales/marketing tools** does your shop use? *Select ALL that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Advertising - online | <input type="checkbox"/> Industry awards/recognition |
| <input type="checkbox"/> Advertising - print (e.g. magazines) | <input type="checkbox"/> Online keyword advertising (e.g. Google) |
| <input type="checkbox"/> Blogs | <input type="checkbox"/> Online videos |
| <input type="checkbox"/> Brochures/catalogs | <input type="checkbox"/> Open house |
| <input type="checkbox"/> Company website | <input type="checkbox"/> Sales personnel |
| <input type="checkbox"/> Customer tours of your shop | <input type="checkbox"/> Social media (Facebook, Twitter, YouTube, etc.) |
| <input type="checkbox"/> Directory listing - online | <input type="checkbox"/> Trade shows/events |
| <input type="checkbox"/> Directory listing - print | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Email promotions | |

70. Which **social media channels** did your company use in 2025 to generate business?

Select ALL that apply.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Snapchat |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Pinterest | <input type="checkbox"/> None of these |



Human Resources Module

71. Which human resource practices/programs did your shop use in 2025? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> 401(k) plan | <input type="checkbox"/> Formal safety/health program |
| <input type="checkbox"/> 401(k) matching | <input type="checkbox"/> Leader/supervisor development |
| <input type="checkbox"/> Annual review and raise program | <input type="checkbox"/> Paid medical benefits |
| <input type="checkbox"/> Apprenticeship program | <input type="checkbox"/> Paid holiday/vacation |
| <input type="checkbox"/> Bonus plan | <input type="checkbox"/> Profit- or revenue-sharing plan |
| <input type="checkbox"/> Education reimbursements | <input type="checkbox"/> Teaming/team-building practices |
| <input type="checkbox"/> Employee ownership options (ESOP) | |
| <input type="checkbox"/> Formal employee training programs | |
| <input type="checkbox"/> Other (please specify) | |
| <input type="text"/> | |
| <input type="checkbox"/> No HR programs in place | |

72. Which statement best describes your facility as far as **skills relative to needs** in 2025? *Select ONE only.*

- ☐ We experienced a shortage of skills needed and took action.
- ☐ We experienced a shortage of skills needed but did not take action.
- ☐ We did not experience a shortage of skills needed.



Human Resources Module

73. Which actions did your facility take in 2025 to address a shortage of skills your facility needs? *Select ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Attendance incentives | <input type="checkbox"/> Outreach program to broader populations (e.g. completed rehab; released from incarceration) |
| <input type="checkbox"/> Billboard advertising | <input type="checkbox"/> Provide, pay for, or subsidize transportation to/from plant |
| <input type="checkbox"/> Cross training | <input type="checkbox"/> Radio advertising |
| <input type="checkbox"/> 'Get paid to learn/train' program | <input type="checkbox"/> Rewards for referrals |
| <input type="checkbox"/> Increased automation | <input type="checkbox"/> Signing incentives |
| <input type="checkbox"/> Loosened hiring criteria | <input type="checkbox"/> Television advertising |
| <input type="checkbox"/> Mentor program | <input type="checkbox"/> Unlimited time off |
| <input type="checkbox"/> Outreach program at local schools | <input type="checkbox"/> Weekend only shifts |
| <input type="checkbox"/> Other (please specify) | |

74. How many employees were **directly involved in plant floor operations** in 2025 at the location(s) to which your answers apply?

Please enter a whole number only; no decimals, commas or other symbols.

75. What is the **average age** of your facility's plant floor employees?

Please enter a whole number only; no decimals, commas or other symbols.

76. On average, how many **years of experience working in the composites industry** do your facility's plant floor employees have?

Please enter a whole number only; no decimals, commas or other symbols.

77. Did your facility have any **accident incidents** in 2025?

- ☐ Yes
- ☐ No
- ☐ Not sure



Human Resources Module

78. What was your facility's **accident incident rate for plant floor employees** in 2025, defined as the number of plant floor accident incidents as a percentage of the typical number of plant floor staff. Enter your number between 0 and 100 without a % sign.

You may enter a decimal, but no other signs or symbols.

Example: if you had 2 accident incidents in 2025 and your plant floor staff typically totals 30, you would enter 6.67.

79. Please select the rating that best describes your shop's practice in 2025 in each area listed below.

	Did not have written guidelines	Had written guidelines, but they were not well known	Had written guidelines, and they were broadly known
Hazardous material handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy equipment operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal protective equipment usage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety training for new employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety training refreshers/updates for tenured employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety incident reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. Which of the following designated safety roles did your shop have in place in 2025?

- ☐ Safety manager
- ☐ Safety committee
- ☐ Neither of these



Almost finished!

This is the final page of the survey. Please double-check your responses for accuracy and completeness before you continue.

Before you click **Submit Responses**, you may close and return to the survey on this device to make changes as many times as you like until the deadline of **March 31, 2026**. Once you click **Submit Responses** on this page, you will be taken to the *CompositesWorld* website. Your survey will be locked and submitted and you will not be able to change any of your answers.