

Company Information

Supplier Name:	Date:
Address:	Phone: Fax:
Principal Products / Services:	

Personnel Information

Primary Contact:	Engineering:
President	Other Key Personnel:
Plant Manager	Total Number of Employees:
Quality Manager	Total Quality Personnel:
	Total Number of Production Personnel:

Quality System Information-Supplier must complete the 1st question

Are you, or do you have any plans for pursuing certification for an ISO9001, AS 9100 Quality System?	
Certified for:	Date of certification: Cert #:
Planned certified for:	Planned date of certification:
Are you ITAR Registered Y/N	
Registration Date:	Registration Number:
If you are ISO 9001, AS 9100 certified, disregard the following questions and send a copy of the certification-	
If you are not ISO 9001, AS 9100 certified, what standards does your Quality System conform to:	
1. Do you have a documented Quality Management System, including Quality Policy & Objectives Quality Manual, Procedures, Work Instructions and Records?	Y / N
2. How do you control the documents mentioned above?	
3. How do you control the records mentioned above?	
4. Are you committed to meeting your customer's requirements?	Y / N
5. What are your Quality Objectives and Quality Policy?	
6. Who is your Management Representative responsible for the Quality Management System?	
7. How often and what do your Top Management review during Management Reviews?	
8. Who reviews the customer's requirements (i.e. P.O.'s, drawings, specs)?	
9. Do you design your own products?	Y / N
10. How do you evaluate your Suppliers?	

11. Do you sub-source products purchased by us? If yes, what?	Y / N
12. Are products identified and traceable throughout your facility?	Y / N
13. Are your processes controlled, including maintenance of your equipment?	Y / N
14. What standard is your measuring and monitoring devices controlled to (i.e. ISO 10012, ANSI Z540, ISO 17025)?	
15. What measurements of performance do you monitor, including information relating to customer perception of meeting our requirements? Do you practice continual improvement?	Y / N
16. How often do you audit your Quality Management System?	
17. Do you have records of your Receiving, In-process and Final Inspection activities?	Y / N
18. How do you control product/material that is nonconforming?	
19. Do you have a Corrective action program?	Y / N
20. Do you have a training program for your employees?	Y / N
Please sign off that you have completed the information and reviewed the questionnaire.	
_____	_____
Supplier's Responsible Official	Title

Please Fax or Mail questionnaire to:

Risk Assessment Low High President will assess risk(s) based on Supplier Quality System, years in business, manufacturer of the material, broker, reseller, Supplier Risk Assessment and any other criteria that might be appropriate to evaluate successful performance of the supplier.

Supplier Approved / Disapproved By: _____ Dated: _____