



SUPPLIER APPROVAL QUESTIONNAIRE

Date: _____

Company Name: _____ Division of: _____ Phone: _____

Street Address: _____ FAX: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

	<u>NAME</u>	<u>PHONE</u>	<u>REPORTS TO (TITLE)</u>
President	_____	_____	_____
Engineer. Mgr.	_____	_____	_____
Production Mgr.	_____	_____	_____
Quality Mgr.	_____	_____	_____
Sales Mgr.	_____	_____	_____

Total # of Employees: _____ Number Direct Labor: _____ Number Overhead: _____

Number of years in this business: _____ Public _____ Private: _____

____ Manufacturer or ____ Distributor ? Description of work performed/product(s) supplied:

Response by: _____ Date: _____

Please print/sign

NOTE: If your Quality System is registered by a third party, do not fill out the rest of the survey, instead include a copy of the registration with the survey response, sign/date below. Include any other 3rd party (NADCAP, special process) certificates as applicable.

Supplier Approval Questionnaire

1. Do you have a Quality System? YES NO N/A

Circle all Quality Systems that you meet! MIL-I-45208, ISO-9001, ISO-9002, ISO-9003, MIL-Q-9858, AS9100, QS9000 & NADCAP, Other: _____

a. Do you have a Calibration System? YES NO N/A

Circle all calibration system specifications that apply! ISO 10012-1 or ANSIZ540 (MIL-STD-45662A superceded by the previous specifications).

b. Do you maintain Material Traceability? YES NO N/A

c. Do you have a Supplier Corrective Action System? YES NO N/A

d. Is the Supplier Corrective Action System maintained? YES NO N/A

2. Do you have a controlled Quality Manual? YES NO

3. Do you review all purchase orders? YES NO

a. Do you have a Quality planning system? YES NO

b. Do you have work instructions adequate for the operation to be performed? YES NO

c. Do you have inspection records? YES NO

4. Does your Quality Department review purchase orders to assure purchase order requirements are passed on to sub-tier suppliers? YES NO

5. Receiving Inspection

a. Do you have receiving inspection set up in-house? YES NO

b. Do you audit your sub-tier suppliers? YES NO

c. Do you have a plan to verify product from sub-tier suppliers? YES NO

6. Raw Material

a. Do you have a procedure to identify raw material? YES NO

b. Does your Company require original mill certs. for raw matls? YES NO

7. Discrepant Material

a. Do you have a Material Review Board? YES NO

b. Do you have a separate area for non-conforming material? YES NO

c. Do you have a corrective action procedure? YES NO

8. Inspection Procedures

a. Do you inspect parts for compliance and verification of dimensions as well as call outs/references of any specification or note on the drawing? YES NO

b. Do you perform First Article Inspections and submissions? YES NO

Supplier Approval Questionnaire

9. Internal Systems

- | | | | |
|----|---------------------------------------|-----|----|
| a. | Do you have an Internal Audit System? | YES | NO |
| b. | Do you have a Corrective Action Plan? | YES | NO |

Response by: _____
Please print

Date: _____