



Supplier Quality Survey Form

Company Name:

Address:

Tel. No.

Fax No.

Contact Person:

Title:

E-Mail Address:

ORGANIZATION:

Head of Quality (Name and Title):

Head of Manufacturing (Name and Title)

Number of Production Personnel

What is the Size of Your Company/Division? (Square Feet)

List Your Customers That Have Audited and Approved Your Quality System.

- General Atomics General Dynamics Northrop Grumman
- Other _____
- Other _____
- Other _____

Survey Questionnaire	Yes	No
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1. What quality standard / system do you have in place?

ISO 9001 AS 9100 D1-9000 Mil I 45208A Nadcap Other

- If you are an ISO 9001, AS 9100 or Nadcap registered company, you don't have to answer questions from page 2 to 3. Please provide us with the details of your registration or a copy of your registration certificate.
- If (x) Other, Please explain.

Please indicate below your principal product / capability / service. Example: Supply Raw Materials or General Machining.



PLEASE CHECK THE APPROPRIATE BOX. Answers are subject to On Site Verification.

CUSTOMER'S PURCHASE ORDERS

Yes No

1) Do you review purchase orders from your customers including amendments to the POs for compliance to quality requirements included in the purchase order?		
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CALIBRATION SYSTEM

2) Do you have a working inspection tool calibration system in place? If yes, please identify. <input type="checkbox"/> Mil-Std-45662 <input type="checkbox"/> ANSI/NCSL Z540 <input type="checkbox"/> Mil-Std-120 <input type="checkbox"/> Other :		
3) Do you have a calibration system to control the accuracy of measurement and test equipment and measurement standards?		
4) Are calibration results of measurement traceable to National Institute of Standards and Technology (N.I.S.T.)		
5) Are measuring and test equipment and measurement standards recalled and calibrated at established intervals?		
6) Do you control and prevent the use of instruments overdue for calibration?		
7) Do you evaluate the adequacy of your calibration system on a regular basis, and have documentation on file?		

INSPECTION and QUALITY RECORDS

8) Describe briefly your inspection processes and how you maintain and control raw material traceability both in production and in storage, including maintenance of quality records		

9) Do you maintain records of inspection and tests for receiving, first article, in process and final inspection; as applicable?		
10) Do records indicate which characteristics and how many parts were inspected?		

SUPPLIER CORRECTIVE ACTION

11) Are causes for defects identified, corrective action implemented and documented?		
12) When corrective actions are implemented, does it specify an affectivity date?		



INDICATION OF INSPECTION STATUS

Yes No

13) Do you maintain identification of products that have been inspected, accepted and rejected?		
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CUSTOMER FURNISHED MATERIAL

14) Do you inspect customer supplied materials upon receipt for conformance to requirement before fabrication / processing?		
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15) Is furnished material properly identified, stored and protected from damage or deterioration?		
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SAMPLING INSPECTION

16) Do you perform sampling inspection? Does it comply with () MIL-STD-105, () ANSI Z 1.4 or other customer approved standard?		
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17) Is sampling level and A.Q.L. reasonable for the characteristics being inspected as specified in the approved sampling plan?		
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Survey completed by (print name):

Signature

Remarks:

THIS SECTION FOR EMF'S USE ONLY:

Evaluation Notes:

Disposition:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Conditional	<input type="checkbox"/> C/A Required
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By:

Date: