



Supplier Quality Survey

Attempt:	1 st	2 nd	3 rd
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Company Information											
Company:				Mgmt. Rep.:				Ph			
Address:				Email:				Fax			
				Commodity:							
Current QMS:	AS9100 <input type="checkbox"/>	AS9003 <input type="checkbox"/>	ISO9001 <input type="checkbox"/>	AC7004 / Nadcap <input type="checkbox"/>	ISO17025 <input type="checkbox"/>	Other:					
Total Personnel:			Production Personnel:			QA Personnel:			Other Personnel:		

Item	If a third-party registration certificate is available, please attach and disregard questions 1 - 20	Yes	No	N/A
1.	Do you have a quality manual?			
2.	Do you have quality procedures?			
3.	Are work instructions prepared for each job?			
4.	Do work instructions include quality criteria?			
5.	Are all applicable documents available to employees responsible for product quality?			
6.	Are all applicable documents supplied to your suppliers?			
7.	Is inspection documented? Receiving <input type="checkbox"/> 1 st Piece <input type="checkbox"/> In-Process <input type="checkbox"/> 1 st Article <input type="checkbox"/> Final <input type="checkbox"/> Sampling <input type="checkbox"/>			
8.	Is the inspection status clear on all items?			
9.	Is raw material controlled?			
10.	Are suppliers controlled by survey or quality history data?			
11.	Are tools that are used for verification of product and/or product acceptance calibrated?			
12.	Are calibration procedures used for in-house calibration?			
13.	Are calibrated tools to the N.I.S.T.?			
14.	Are customer furnished materials properly inspected, stored, and identified?			
15.	Are quality records maintained on file for customer review as applicable?			
16.	Do your customers have right of entry to their jobs in your facility?			
17.	Has an internal audit been performed within the past year?			
18.	Are corrective actions documented, logged, and reviewed for effectiveness?			
19.	Are inspection stamps used? Accept <input type="checkbox"/> Reject <input type="checkbox"/> Other:			
20.	Do employees at your facility have documented training?			

Remarks:								
Completed By:			Title:			Date:		

Internal Use Only				Yes	No	N/A	
1.	Are there any perceived risks that would lead to OTD issues? <i>*Note any concerns below.</i>						
2.	Is this supplier a "sole supplier" per current ASL? <i>*Note any concerns below.</i>						
3.	Is this supplier approved? Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditional <input type="checkbox"/> <i>*Note explanation below.</i>						

Remarks:								
Completed By:			Title:			Date:		