



SUPPLIER QUALITY SURVEY

Supplier Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Supplier Quality Representative: _____

1. Type of Business:

Manufacturer
 Distributor
 Painter
 Processor
 Other _____

2. Number of years in business? _____ 3. How many days in a week are you open? _____

4. How many shifts do you operate? _____ 5. What are your typical lead times? _____

6. Do you use DPD for acceptance of products? Y N

6a. If so, do you have configuration control of Digital Data? Y N

7. Does your company maintain an effective export compliance Program? Y N

8. Does your company employ non-U.S. persons? Y N

9. Is your company registered with the U.S. Department of State? Y N

AS9100/ISO 9001 Registration:

If your company is currently registered to AS9100 / ISO 9001, it *is not* necessary to complete the remaining sections of this evaluation form.

10. Please fill in the blanks below and attach a copy of your certificate/registration to this evaluation form, as well as sign and date at the end of the form.

Yes No

Registrar: _____

Date Initially Registered: _____

Certificate/Registration Number: _____

11. Is there a quality manual that defines your quality system? Yes No

12. Does your program for calibration of inspection measuring and test equipment conform to the requirements of ISO 9001 or equivalent? Yes No

13. Can you submit certifications on selected product/processes if requested? Yes No

14. Is there a system in place that controls the use and maintenance of inspection stamps? Yes No

15. Are periodic quality reports prepared and issued relative to part acceptance/rejection and disposition? Yes No

16. Does receiving inspection check incoming shipments to the requirements of the purchase order, referenced specification and applicable drawings? Yes No

17. Do you have a program for assuring that your suppliers/subcontractors have an adequate quality assurance program? Yes No

18. Do you have a documented system for handling non-conforming product/materials? Yes No



- 19. Is there a corrective action system to prevent repetitive discrepancies?
- 20. Are all inspections and tests documented and kept on file?
- 21. May we or our customer visit your facility for scheduled audits and/or on-site product inspections?
- 22. Do you have a documented method for handling returned/reworked parts?
- 23. Who will respond to our corrective action requests?

- 24. What is that person's authority?

Comments:

Survey Completed By: _____
Please Print Name

Date: _____

Sign Here: _____

To be completed by **Diversified**

Reviewed By: _____ Date: _____ Approved? Yes No _____ Status