

SUPPLIER QUALITY SURVEY

Company Name _____ Date _____
 Address _____
 President _____ Tel. _____
 Quality Manager _____ Fax _____
 E-mail Address _____ Dist. _____ Mfr. _____
 Products / Services Supplied _____
 Plant sq. ft. _____ # of Buildings _____ # of Employees _____

**If your company is AS or ISO certified, do not complete any of the questions below.
 Please attach a copy of you current certification, sign the survey on page 2, and return.**

QUALITY SYSTEM ELEMENTS	YES	NO	N/A
1) Does your company have a Quality Manual?			
2) Which Quality System does your company maintain? <input type="checkbox"/> ISO 9000 <input type="checkbox"/> AS 9100 <input type="checkbox"/> MIL-I-45208A <input type="checkbox"/> AS 9003 <input type="checkbox"/> Other			
3) Is there a defined organizational structure reflecting the relationship of the Quality Department to Executive Management? (Please attach a copy)			
4) Are purchase orders/contracts from customers reviewed to ensure capability to meet the requirements?			
5) Is there a documented system for assessing your supplier's quality system?			
6) Is a list of approved suppliers maintained and a quality history of each?			
7) Is there a procedure for controlling customer-supplied material or equipment?			
8) Is there a procedure for identification and traceability of product?			
9) Are all processes that effect product quality performed under documented conditions, and are records of such maintained?			
10) Is there a program for the maintenance and calibration of measuring and test equipment? If so, is it based on: <input type="checkbox"/> MIL-STD 45662A <input type="checkbox"/> ISO 10012 <input type="checkbox"/> Other			
11) Is there a system of internal audits to ensure the Quality System is being maintained and complied with?			
12) Is there a documented training program and records of training performed?			
13) Are there documented procedures for sampling inspection/testing? If so, is it based on: <input type="checkbox"/> MIL-STD 105 <input type="checkbox"/> ANSI/ASQC Z1.4 <input type="checkbox"/> Other			
14) Can you accommodate source inspection by either WMI personnel or WMI customer representatives?			
15) Are inspection stamps used and are they controlled?			
16) Is there a documented procedure for identification, documentation, evaluation, segregation, and disposition of nonconforming product?			
17) Is there a documented procedure for corrective/preventive action and continuous improvement?			
18) Are quality records maintained? For how long? _____ years			
19) Can you provide First Article Inspections Reports in accordance with AS 9102?			

COMMENTS & OBSERVATIONS

Table with 10 empty rows for comments and observations.

Completed By: _____ Title: _____ Date: _____

Please return to: Purchasing Manager
Minico Industries
66A South Second Street
Bayshore, NY 11706
FAX: (631) 595-1620

***** Do not write below this area - for Minico use only *****

Supplier Type: A B C Other: _____

Approved by: _____ Date: _____

[] A [] C [] W

Approved for: _____

Comments: _____
