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gms@aerosup.com

AEROSUP INC.

SUPPLIER QUALITY ASSESSMENT QUESTIONNAIRE

DOCUMENT : Q1

SUPPLIER NAME:



AEROSUP INC.

www.aerosup.com

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A. GENERAL INFORMATION						
Supplier Name:						
Division/ Business Unit:						
NATO/ CAGE Code:						
B. ADDRESS INFORMATION						
Address:				City:		
Region/ State:		Zip Code:		Country:		
Phone No:		Fax No:		Email:		
C. SUPPLIER PROFILE INFORMATION						
Are you?	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Repair Station <input type="checkbox"/> Processor <input type="checkbox"/> Other					
Short Description of Operations:						
List Main Products/ Services:						
List Other Products/ Services:						
List Any Processes performed:	<p><i>Please indicate whether they are qualified by authorities other than your company also include copies of all certifications / qualifications in your reply</i></p>					
Years in Business:		Plant (Total Area):		Facility Size (Covered Area):		
Number of	TOTAL	Quality	Production	Engineering	Other	



Employees:				
Turnover:	TOTAL	Aerospace		Other
Key Personnel:	Person / Name		Position	
	Other:			
Major Customers:	Aerospace:			
	Other:			

C1. SUPPLIER PROFILE INFORMATION (Only for Manufacturers)

Do you have:	<input type="checkbox"/> Own Distribution <input type="checkbox"/> Exclusive Distributors (EDs) <input type="checkbox"/> Authorized Distributors (ADs) <input type="checkbox"/> Normal Distributors (no formal distributorship agreement) (NDs)
Please list your EDs:	
Please list your ADs:	
Please list your NDs:	
Comments:	

C2. SUPPLIER PROFILE INFORMATION (Only for Distributors)

Are you:	<input type="checkbox"/> Exclusive Distributor (ED) <input type="checkbox"/> Authorized Distributor (AD) <input type="checkbox"/> Normal Distributor -no formal distributorship agreement (ND)
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Please list manufacturers /products for which you are an ED:			
Please list manufacturers /products for which you are an AD:	<i>Please include copies of all authorizations in your reply</i>		
Please list manufacturers /products for which you are a ND:			
Comments:			
D. QUALITY PROFILE INFORMATION			
Quality Dpt Head:			
Contact Info:			
Other Key Quality Personnel:	Person / Name	Position	
Qualifications / Quality Standards/ Certificates: (please include copies of all certifications / qualifications in your reply)	Qualification / Qualification No	Certification Authority/ Body	Date
	Other:		
Certified by other Companies: (please include copies of all certifications / qualifications in your reply)	<input type="checkbox"/> Yes	(If Yes) Company / Date	
	<input type="checkbox"/> No	<i>Specify manufacturers that have audited your facility recently</i>	

E. QUALITY SURVEY / QUESTIONNAIRE

Check boxes: *Y – Yes,*
I - Inappropriate/ Needs Improvement
N – No
N/A - Not Applicable

1. QUALITY MANAGEMENT / ADMINISTRATION

1.1 Is there a Company approved Quality Control System?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
1.2 Is the Quality Control System used based upon a recognized industry standard (ISO, MIL Q9858, MIL-I-45208A, AS 9100/9110/9120, AQAP, FAR 145)?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
1.3 If so are there written procedures in a Quality Manual/ Inspection plan describing all quality related activities within the company?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
1.4 Has company management approve the Quality Manual and / or inspection plan?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
1.5 Are the Quality procedures maintained up-to-date? Is there a documented revision policy for periodic review and approval from quality management?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
1.6 Is an organization chart available showing the organizational position of Quality Assurance / Control in relation to other management functions? (If Yes, please attach a copy to this document)	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
1.7 Is the quality documentation readily accessible to all employees?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

Please provide a copy of your quality manual along with your answer to this questionnaire

2. CONTRACT REVIEW

2.1 Do procedures exist to flow down contract requirements to suppliers? Is a contract review performed prior to acceptance?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
2.2 Does a procedure exist for Quality review for an amendment to a contact?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
2.3 Are these procedures stipulated in the Quality manual?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

2.4 Does Quality personnel review and approve acceptance and test procedures for adequacy to ensure contractual compliance?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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3. PURCHASING & VENDOR MANAGEMENT

3.1 Does the Quality system include documented procedures to control purchased materials & services?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.2 Do purchase orders provide an adequate description of the material / service required? (i.e. P/N, specification etc)	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.3 Are suppliers and/ or subcontractors required to provide certification? (i.e. COC, Chemical/ Physical test reports etc)	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.4 Does an Approved Source list exist and is it documented? Is it assured that procurement is made only from approved suppliers/ subcontractors?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.5 Is the initial selection of suppliers and subcontractors made in common effort with Quality department?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.6 Is Quality assurance authorized to reject a supplier or subcontractor?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.7 Do you have a supplier evaluation system procedure working and documented that monitors supplier performance?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
3.8 Do you audit your suppliers and maintain relevant records?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

4. RECEIVING CONTROL & INSPECTION

4.1 Are all purchased materials / services subject to receiving inspection? If no a. % of inspected receipts _____% b. Reasons for no inspection <input type="checkbox"/> Source inspection <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.2 Is the amount and nature of receiving inspection determined by considering the amount of control exercised at source, recorded evidence of conformance provided, rejection history, part complexity?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

4.3 Does receiving inspection check incoming shipments to requirements of the purchase order, referenced specification, drawings and /or other requirements?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.4 Do receiving records show accepted / rejected quantities and part numbers? Do they reflect the reason for any rejections?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.5 Are controls and processes adequate to prevent entry of uninspected material into stock or manufacturing?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.6 When material are accepted based on certification or test reports:				
a. Are the certifications / test reports checked 100% against PO requirements and records of the check are kept?	a. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
b. Are samples checked periodically to verify conformance with specification requirements?	b. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.7 Are test reports and certificates of chemical/ physical analysis maintained on file? If yes for how long? ____years	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.8 Are there written procedures covering sampling inspection?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
4.9 Is a statistical sampling plan used in receiving inspection? If Yes				
a. To what specification? _____	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
b. To what inspection level? _____				
c. To what AQL? _____				
d. Is sampling data recorded (i.e. sample size, lot quantity / identity etc)? _____				
4.10 What % of lots inspected at receiving are rejected? _____%				

5. NON – CONFORMANCE MANAGEMENT

5.1 Is non-conforming material identified, segregated and held in a secure/-bonded area with limited access?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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5.2 Do you have written procedures for				
a. Rejection procedures / forms	a. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
b. Evaluation, segregation and disposition of non-conforming products	b. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
c. Corrective Action	c. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
d. Material review activities and corrective action follow-ups	d. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
e. Scrap material management	e. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
5.3 Is corrective action				
a. Defined as action taken to prevent recurrence and not merely a repair / rework function?	a. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
b. Required within a prescribed time limit?	b. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
c. Initiated when an unsatisfactory trend is indicated for a supplier?	c. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
d. Follows an escalated procedure that can end up removing a repetitively non- conforming supplier?	d. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

6. MATERIAL HANDLING & STORAGE				
6.1 Are there written procedures to prevent abuse, misuse, damage or deterioration of material?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.2 Is material stored in a secure area with limited access to prevent unauthorized withdrawals?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.3 Are materials traceable to the original mill/manufacturer certification?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.4 Are "age control" items identified as to shelf life expiration date?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.5 Are "age control" items stored under proper environmental conditions as applicable?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.6 Are storage facilities separate from work areas?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.7 Is there enough space for warehousing, inventory, and material handling needs?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
6.8 Does the storage facilities have visual cues in order to define areas of specific purpose and /or facilitate material handling processes?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

6.9 Are there written procedures for cleaning and sorting needs in order to keep the storage facilities neat & clean?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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7. DESIGN & ENGINEERING CONTROL (For Manufacturers & Repair Centres only)				<input type="checkbox"/> N/A
7.1 Does a master list of drawings and specifications exist?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
7.2 Are drawings / specification documented and released from a central responsible department?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
7.3 Are adequate controls in effect to ensure that applicable engineering drawings and change notices are current and controlled?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
7.4 Are drawings and specs readily available to inspection personnel?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
7.5 Does a system exist for removing and controlling obsolete, illegible documents, engineering and technical data?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

8. IN-PROCESS CONTROL & FINAL INSPECTION ACCEPTANCE (For Manufacturers & Repair Centres only)				<input type="checkbox"/> N/A
8.1 Are there in-process inspection/ controls performed by quality personnel?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.2 Are in process inspection / controls designed, planned and compatible with operations?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.3 Are there relevant written procedures?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.4 Do in process inspectors have easy access to all required technical, engineering data?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.5 Are the measuring devices, gauges and test equipment required for in-process inspection available & adequate?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.6 When applicable, is sampling inspection performed in compliance with established standards?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.7 Is non-conforming material promptly identified and segregated?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.8 Are final inspections, acceptance and/ or tests performed regularly by quality personnel?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

8.9 Do acceptance and test procedures reflect and reference the required configuration?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.10 Are records of inspection & test data maintained? For how long? _____ years	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.11 Do these records reflect actual measurement values obtained during inspection and testing when required?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
8.12 What % of material used is scrapped? ____%				
8.13 Does the processes include				
a. A certified x-ray laboratory	a. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
b. Penetrant or Magnetic Particle inspection capabilities	b. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
c. Micro, Macro & Decarburization examinations	c. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
d. Resistance Welding	d. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
e. Fusion Welding	e. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
f. Heat treating	f. <input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

9. PACKING & SHIPPING

9.1 Are there written procedures covering packaging, packing, marking and shipping?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9.2 Is there a procedure for the inspection of the packaging, packing, marking and shipping processes to meet the contract or purchase order requirements?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9.3 Do shipping documents reference all pertinent requirements according to customer's purchase order?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9.4 When applicable, do shipping documents contain a Certificate of Conformance containing a company approved Quality Control signature?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9.5 Is the available area and the existing equipment adequate to safeguard the quality of the product between final acceptance and shipping?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9.6 Are products protected against transport damage by adequate preservation and packaging?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
9.7 When required are the contents of the packages printed on an external shipping label according to customer's requirements?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

<p>9.8 Is a shipping checklist or other relevant procedure used in order to verify at least the following</p> <p>a. The order is correct & complete (when possible)</p> <p>b. All pertinent paperwork included</p> <p>c. Preservation & packaging correct</p> <p>d. The shipping destination and carrier verified</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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10. TOOL & EQUIPMENT CONTROL (For Manufacturers & Repair Centres only)				<input type="checkbox"/> N/A
<p>10.1 Is the company 's calibration system designed to meet</p> <p><input type="checkbox"/> ISO 10012-1</p> <p><input type="checkbox"/> ANSI/NCSL Z540-1</p> <p><input type="checkbox"/> Other (specify) _____</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<p>10.2 Are written procedures in effect to control measuring, inspection equipments & tools?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<p>10.3 Is there a list of measuring, inspection equipments & tools available?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<p>10.4 Is the measuring, test and inspection equipment calibrated under a controlled environment (i.e. temperature, humidity etc)</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<p>10.5 Does the system provide for periodic recall of calibrated inspection tools and measuring and test equipment?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<p>10.6 Does all measuring and test equipment meet and is traceable to NIST (National Institute of Standards & Technology) requirements?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
<p>10.7 Do calibration records document:</p> <p>a. Item serial number and name</p> <p>b. The description of the equipment</p> <p>c. Result of the test/ Other test data</p> <p>d. Accuracy provided</p> <p>e. Calibration procedure</p> <p>f. Date of calibration and date due for next calibration</p> <p>g. Personnel performing calibration/ inspection</p>	<p>a. <input type="checkbox"/> Y</p> <p>b. <input type="checkbox"/> Y</p> <p>c. <input type="checkbox"/> Y</p> <p>d. <input type="checkbox"/> Y</p> <p>e. <input type="checkbox"/> Y</p> <p>f. <input type="checkbox"/> Y</p> <p>g. <input type="checkbox"/> Y</p>	<p><input type="checkbox"/> I</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> I</p> <p><input type="checkbox"/> I</p>	<p><input type="checkbox"/> N</p> <p><input type="checkbox"/> N</p> <p><input type="checkbox"/> N</p> <p><input type="checkbox"/> N</p> <p><input type="checkbox"/> N</p> <p><input type="checkbox"/> N</p> <p><input type="checkbox"/> N</p>	<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> N/A</p>

10.8 Is measuring and test equipment handled, stored and transported in a way that does not affect the calibration or condition of the equipment and ensure protection against unauthorized use & adjustment?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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11. QUALITY RECORDS				
11.1 Do you require that your suppliers provide documented certification for each receipt traceable to the Lot/ Batch manufactured?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
11.2 Do you retain copies of these certifications on file?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
11.3 Are copies of these certifications available to customers on request?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
11.4 Are quality records appropriately identified, collected, indexed, filed, reviewed, maintained and disposed on the following: a. Contract Review b. Receiving Control & Inspection c. Acceptance Sampling d. Non-Conformances e. Corrective Actions f. Test / Inspection Reports-Results g. Packaging & Shipping h. Customer Complaint i. Supplier / Subcontractor Evaluation	a. <input type="checkbox"/> Y b. <input type="checkbox"/> Y c. <input type="checkbox"/> Y d. <input type="checkbox"/> Y e. <input type="checkbox"/> Y f. <input type="checkbox"/> Y g. <input type="checkbox"/> Y h. <input type="checkbox"/> Y i. <input type="checkbox"/> Y	<input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I <input type="checkbox"/> I	<input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> N	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
11.5 Are Quality records controlled by the QA department?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A

12. TRAINING				
12.1 Are there documented quality training needs?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
12.2 Does training include familiarization with parts, specification procedures, SPC techniques, handling and packaging best practices, test procedures etc?	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
12.3 Do you keep training records for each employee? Approximately how many training hours does each employee receive annually? _____hours	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A



**SUPPLIER QUALITY ASSESSMENT
QUESTIONNAIRE**

13. ACCOMODATION & ASSISTANCE

<p>13.1 Will you provide a HAI Quality representative with adequate facilities, technical data and/ or personnel to perform quality verification or source inspection at your facility or at your supplier's facility, if required?</p> <p>13.2</p>	<input type="checkbox"/> Y	<input type="checkbox"/> I	<input type="checkbox"/> N	<input type="checkbox"/> N/A
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Authorized Distributors (ADs)

Qualifications / Quality Standards/ Certificates: (please include copies of all certifications / qualifications in your reply)

Please provide a copy of your quality manual along with your answer to this questionnaire

14. SUPPLIER COMMENTS

Completed by:			
Title:		Date:	
Signature:			



Reviewed by (if applicable):			
Title:		Date:	
Signature:			