

REDACTED

Add to Cart

Your Company Name
Quality System Survey

Date:

Business Name:		Cage Code:	
Address:		Email:	
City:		Phone:	
State:		Fax:	
Product or Service:			
Management			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
Personnel			
# of Operators:		# of Inspectors:	
# of Engineers:		# of Administrative:	
Quality System:	ISO 9001 <input type="checkbox"/>	AS9003 <input type="checkbox"/>	AS9100 <input type="checkbox"/> FAA PMA <input type="checkbox"/> TS16949 <input type="checkbox"/>
Quality System:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality System:	<input type="checkbox"/>	Other <input type="checkbox"/>	
Quality Management Reports to:			

Revisions		Rev:	
Letter	E.O. Number - Description	Date	
Used On	Contract#:	Your Co	
Prepared By:			
Your Dept:		QUALITY SYSTEM SURVEY	
Your Dept:			
Your Dept:		Your #	
Your Dept:		Size: A	CAGE: <input type="checkbox"/>
Your Logo		Your # (mo/yr)	1 of 1

---	Yes	No	Comment
Administration			
Do you have a QC manual?	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing			
Do you evaluate Suppliers before buying their products or services?	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving Inspection			
Do you check all purchased material against the requirements of the purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
How long are material certifications kept on file:			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
How long are inspection records kept on file:			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Drawing and Revision Control			
Do you have	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	

---		Yes	No	Comment
Calibration				
Does your calibration system conform to MIL-STD-45662, ISO 10012 or		<input type="checkbox"/>	<input type="checkbox"/>	Which system:
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
Material Review				
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
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[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
Sampling				
Does your sampling plan conform to MIL-STD-105, MIL-STD-414, ANSI Z 1.4, ANSI Z 1.9 or MIL-STD-1916?		<input type="checkbox"/>	<input type="checkbox"/>	Which system:
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
Preservation, Packaging, Packing and Shipping				
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	[Redacted]
[Redacted]		<input type="checkbox"/>	<input type="checkbox"/>	
Survey Reviewed by:		Date:		
Approval Status:	Approved <input type="checkbox"/>	Conditional <input type="checkbox"/>	Disapproved <input type="checkbox"/>	

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Your Co	REV	CAGE	DOC#:	Your #	3 of 3
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Quality System Survey	Yes	No	N/A
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place to provide adequate safeguards for handling, storage, packaging, preservation and delivery of your product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Rev: Orig

[Redacted]

[Redacted]

[Redacted]

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Your Company Name	REV	CAGE	DOC#: 2 of 2 Your Procedure #
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Supplier Quality System Evaluation

Supplier Name, Number or CAGE Code

Please complete the enclosed survey and return by mail, fax or email to:

Your Company Representative Name

Your Company Representative Title

Your Company Name



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Company Information

Company Name:			
Address:			
City:	State:	Zip:	
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	Title:	[Redacted]

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Survey Questions	Yes	No	N/A
What quality system standard is your quality manual based upon? Std:			
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Rev: Orig

In order to meet the procurement requirements of our contracts, (Your Company Name) is

[Redacted]

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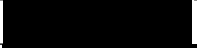
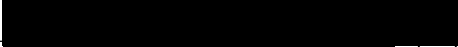

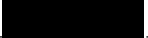
Your Company Name	REV	CAGE	DOC#:	2 of 2 Your Procedure #
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Ref:	Your Company Name
Page 1 / of /	SURVEY REPORT



Project:	Place:
Subsystem:	Date:
Product:	Model:
Material:	Serial No:

Survey Designation:

Hardware Designation:

Conclusion of Survey	Remarks
 <input type="checkbox"/>	
 <input type="checkbox"/>	
 <input type="checkbox"/>	
 <input type="checkbox"/>	

Writer:

Participant:	Manufacturer	Contractor	Prime	Customer
Company:				
				
				

Ref:

Your Company Name
SURVEY REPORT

Page 2 / of /

Continuation...

As Designed / As Built:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Manufacturing Inspection Reports:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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SUPPLIER SURVEY

Supplier Name:			Manufacturer <input type="checkbox"/>
Address:			Distributor <input type="checkbox"/>
			Other <input type="checkbox"/>
Telephone:		Fax:	
Type of Product or Service			
Management			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Office:		Production:	
[REDACTED]		[REDACTED]	
Type of Quality System			
To whom does Management report:			
Survey Performed By:			
	Name	Title	Date
Comments:			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			

ADMINISTRATIVE		Yes	No	N/A
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVING				
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FINAL ACCEPTANCE				
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	--	--	--
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[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTIONS			
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[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-CONFORMING MATERIAL CONTROL			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[REDACTED]			
SAMPLING INSTRUCTIONS			
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