

REDACTED

Add to Cart

**Your Company Name**  
**Quality System Survey**

Date:

Business Name:		Cage Code:	
Address:		Email:	
City:		Phone:	
State:		Fax:	
Product or Service:			
<b>Management</b>			
Name:		Title:	
Name:		Title:	
Name:		Title:	
Name:		Title:	
<b>Personnel</b>			
# 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"/>	<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:			
Your Dept:			
Your Dept:		QUALITY SYSTEM SURVEY	
Your Dept:		Your #	
Your Dept:		Size: A	CAGE: <input type="text"/>
		Your # (mo/yr) 1 of 1	

Your Logo

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

---	Yes	No	Comment
---			
<b>Calibration</b>	---	---	---
Does your calibration system conform to MIL-STD-45662, ISO 10012 or	<input type="checkbox"/>	<input type="checkbox"/>	Which system:
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Material Review</b>	---	---	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sampling</b>	---	---	---
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:
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Preservation, Packaging, Packing and Shipping</b>	---	---	---
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Survey Reviewed by:	Date:		
Approval Status:	Approved <input type="checkbox"/>	Conditional <input type="checkbox"/>	Disapproved <input type="checkbox"/>

## Supplier Name, Number or CAGE Code

Your Company Name




[illegible]

Quality System Survey		Yes	No	N/A
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	[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]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Rev: Orig

[REDACTED]

[REDACTED]



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

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		
<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <input type="checkbox"/>				
<div style="background-color: black; width: 250px; height: 20px; display: inline-block;"></div> <input type="checkbox"/>				
<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <input type="checkbox"/>				
<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <input type="checkbox"/>				
Writer:				
Participant:	Manufacturer	Contractor	Prime	Customer
Company:				
<div style="background-color: black; width: 60px; height: 20px; display: inline-block;"></div>				
<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>				
<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div>				
<small>Copyright © JnF Specialties, LLC. All rights reserved worldwide. <a href="http://www.quality-control-plan.com/copyright.htm">www.quality-control-plan.com/copyright.htm</a></small>				



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]



# 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:	
Type of Quality System					
To whom does Management report:					
Survey Performed By:					
		Name	Title	Date	
Comments:					
		<input type="checkbox"/>		<input type="checkbox"/>	



