# Your Company Name

## Add to Cart

	Q	uality System Survey	
Date:			
Busines	ss Name:	Cage Code:	
	Address:	Email:	
	City:	Phone:	
	State:	Fax:	
Product or	Service:		
Management			10,
	Name:	Title:	
	Name:	Title:	NO
	Name:	Title:	7/1
	Name:	Title:	O
Personnel	T		76
	perators:	# of Inspectors:	
	ngineers:	# of Administrative:	7
Quality System:	ISO 9001 AS	9003 AS9100 FAA PMA	TS16949
Quality System:			
Quality System:		Other	
	Quality Managemen	Reports to:	
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	Rev		Rev:
Letter	E.O. Number - De		Date
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Prepared By:			

Size:

**QUALITY SYSTEM SURVEY** 

Your #

1 of 1

Your # (mo/yr)

CAGE:

Your Dept: Your Dept:

Your Dept:

Your Dept:

	Yes	No	Comment
Administration		, <del>, , , , , , , , , , , , , , , , , , </del>	
Do you have a QC manual?			
	$\Box$	$\sqcup \sqcup$	
			20
Purchasing			10
Do you evaluate Suppliers before buying their products or			,,(0
services?			.01.
			N
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			C)
Receiving Inspection			
Do you check all purchased material against the			,
requirements of the purchase order?		×5	
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How long are material certifications kept on file:		1	
Inspection			
Inspection			
How long are inspection records kept on file:			
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Drawing and Revision Control			
Do you have			
	_ <del></del>	. ——	
Your Co REV C	CAGE I	OOC#:	2 of 2

Your #

		Yes	No	Comment
Calibration				
Does your calibration system conform to MIL-STD-45662 ISO 10012 or	<u></u>			Which system:
Material Review				
				7 1/2
				Jec
				served
			×5	
	7			
Sampling				
Does your sampling plan conform to MIL-STD-105, MIL	<del>) .</del>			Which system:
STD-414, ANSI Z 1.4, ANSI Z 1.9 or MIL-STD-1916?				
Preservation, Packaging, Packing and Shipping				
Survey Reviewed by:			Dat	0.
	Cond	litional		Disapproved
-Jopyridin				

Your Co	REV	CAGE	DOC#:	3 of 3
				Your #

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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:

C. All jights reserved worldwide. Your Company Representative Name Your Company Representative Title Your Company Name

Company Information	
Company Name:	
Address:	
City:	State: Zip:
	<del></del>
3	
- (	
	Title:

Your Company Logo Form Rev: Orig This document may not be disclosed or reproduced in whole or in part without prior written permission from a representative of the Company with the authority to grant such permission.

Quality System Survey	Yes	No	N/A
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			<i>(</i> D,
		(9)	
Are procedures in place to provide adequate safeguards for handling, storage, packaging, preservation and delivery of your product?			
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		Ш	
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Your Company Name	REV	CAGE	DOC#:	2 of 2
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### **Supplier Quality System Evaluation**

Supplier Name, Number or CAGE Code

All rights reserved worldwide. Please complete the enclosed survey and return by mail, fax or email to: Your Company Representative Name Your Company Representative Title Your Company Name **Company Information** Company Name: Address: City: Zip: State:

Your Company Logo Form Rev: Orig

Title:

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Survey Questions		Yes	No	N/A
What quality system standard is your quality manual based upon?	d:			
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		701		
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In order to meet the procurement requirements of our contracts, (Your Company Name) is

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Your Company Name REV CAGE DOC#: 2 of 2
Your Procedure #

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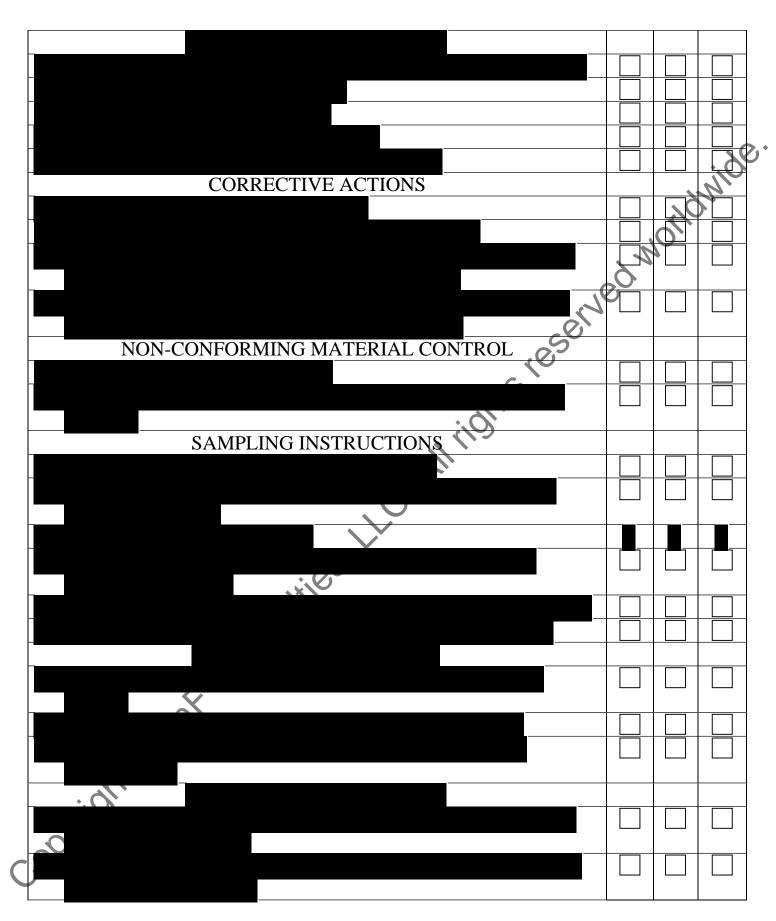
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#### **SUPPLIER SURVEY**

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Address:					Distributor	
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Telephone:			Fax:			\(
Type of Product	or Service					
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			- K			
Type of Quality		$\dot{C}$	) *			
To whom does M	Ianagement report:	$\checkmark$				
	C	31				
Survey Performed By:						
	Name		Title		Date	
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Comments:						
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ADMINISTRATIVE	Yes	No	N/A
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RECEIVING		7/	<b>*</b>
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