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# PURCHASING

Origination Date: XXXX

Document Identifier:	Purchasing
Date:	Latest Revision Date
Project:	Customer, Unique ID, Part Number
Document Status:	Draft, Redline, Released, Obsolete
Document Link:	Location on Server (if used)

Abstract:  
 This document describes the purchasing process.

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## 1.0 PURPOSE

This document defines the Purchasing process including or making reference to procedures for the various activities within the process.

Note: this procedure applies to suppliers of products or providers of services that directly affects the quality of our products or services. Suppliers that provide office and maintenance supplies, furniture, grounds keeping services, etc. are not subject to the controls of this procedure.

## 2.0 THEORY

The purchase of materials that go into our products or services that help us produce products affects everything we make. As a result, it is important to monitor and control the quality of both products and services that we receive as well as the suppliers of such products and services.

## 3.0 PROCEDURE: SUPPLIER EVALUATION AND SELECTION

3.1 All suppliers of product related materials or services must be evaluated unless these Suppliers are: listed on a Customer's approved Supplier list, Government approved Supplier or listed on the Customer's requirements.

3.2 Supplier evaluation is conducted by following the format on the Supplier Evaluation Form.

3.3 The Supplier Evaluation Form ensures that all new suppliers are properly evaluated for criteria related to quality, delivery, pricing, reputation, risk and other factors.

3.4 Once approved through the Supplier Evaluation Form, the Quality Manager will update the Approved Supplier List.

3.5 The following ratings apply to suppliers:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

3.6 Once entered into the Approved Supplier List, suppliers are rated as [Redacted]

3.7 Using incoming (receiving) inspection results for product suppliers and employee feedback on service providers, the Quality Manager will determine if the Supplier should be increased in rating to [Redacted]

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3.8 Using the results from combination of the following functions for product suppliers, the Quality Manager will determine if the Supplier should be increased in rating to [REDACTED]

3.9 For suppliers providing product, incoming inspection results are recorded on the Subcontractor Performance Rating Spreadsheet, which calculates the Supplier's current quality rating based on parts received and parts accepted. A new Supplier that rates 100% on their first delivery may be upgraded to [REDACTED]

3.10 If a new Supplier rates [REDACTED] the Supplier remains at [REDACTED] until [REDACTED] If the Supplier rates less than 100% on [REDACTED] the Quality Manager will determine a course of action and a rating.

3.11 If any Supplier rates less than [REDACTED] the Supplier will be rated [REDACTED] and the Quality Manager will determine a course of action.

3.12 If items are returned to any Supplier using a Material Shipper, the Quality Manager will determine a course of action and a rating.

3.13 Any Supplier may be de-rated to [REDACTED] for any reason upon a consensus of representatives of Manufacturing, Purchasing and Quality. Such a change shall be noted on [REDACTED]

3.14 Management may override [REDACTED]

3.15 During management review, the entire Approved Supplier List is subject to continuous improvement and each suppliers' rating may [REDACTED]

## 4.0 PROCESSING REQUISITIONS AND PURCHASE ORDERS

4.1 During review of each requisition, the Quality Group will determine if a Supplier or special process has been designated by the Customer and notify Purchasing when a Customer-designated purchase order condition is required.

4.2 When appropriate, the purchase order defines [REDACTED]

4.3 As applicable, purchase order information includes:

- a) the [REDACTED]
- b) [REDACTED]
- c) [REDACTED]

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d) requirements relative to:

[REDACTED]

e) [REDACTED]  
f) [REDACTED]

4.4 The requirements for delegation are defined when the Company delegates inspection verification to a Supplier. The Approved Supplier List is used to [REDACTED]

4.5 When the Company or its Customer needs to perform verification activities at a Supplier facility, the [REDACTED]

4.6 See the process map herein.

4.7 Emergency Purchasing Authority: The Company will authorize the shift foreman and/or the maintenance foreman emergency purchase authority for the procurement of [REDACTED]

## 5.0 OTHER PURCHASING RULES

5.1 In all instances, the Purchasing Department will strive for fairness and equity among suppliers using [REDACTED]

5.2 Any employee of the Purchasing Department that has any financial or other interest in a supplier company, either directly or through any member of his/her immediate family, shall [REDACTED]

5.3 The acceptance by purchasing personnel of gifts or gratuities from suppliers is [REDACTED]

5.4 The acceptance of items intended for the purpose of advertisement and bearing the name of the Supplier is [REDACTED]

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5.5 The Purchasing department will cooperate with Customer-related activities and will participate where requested [REDACTED]

5.6 The Purchasing department will not, in any way, [REDACTED]

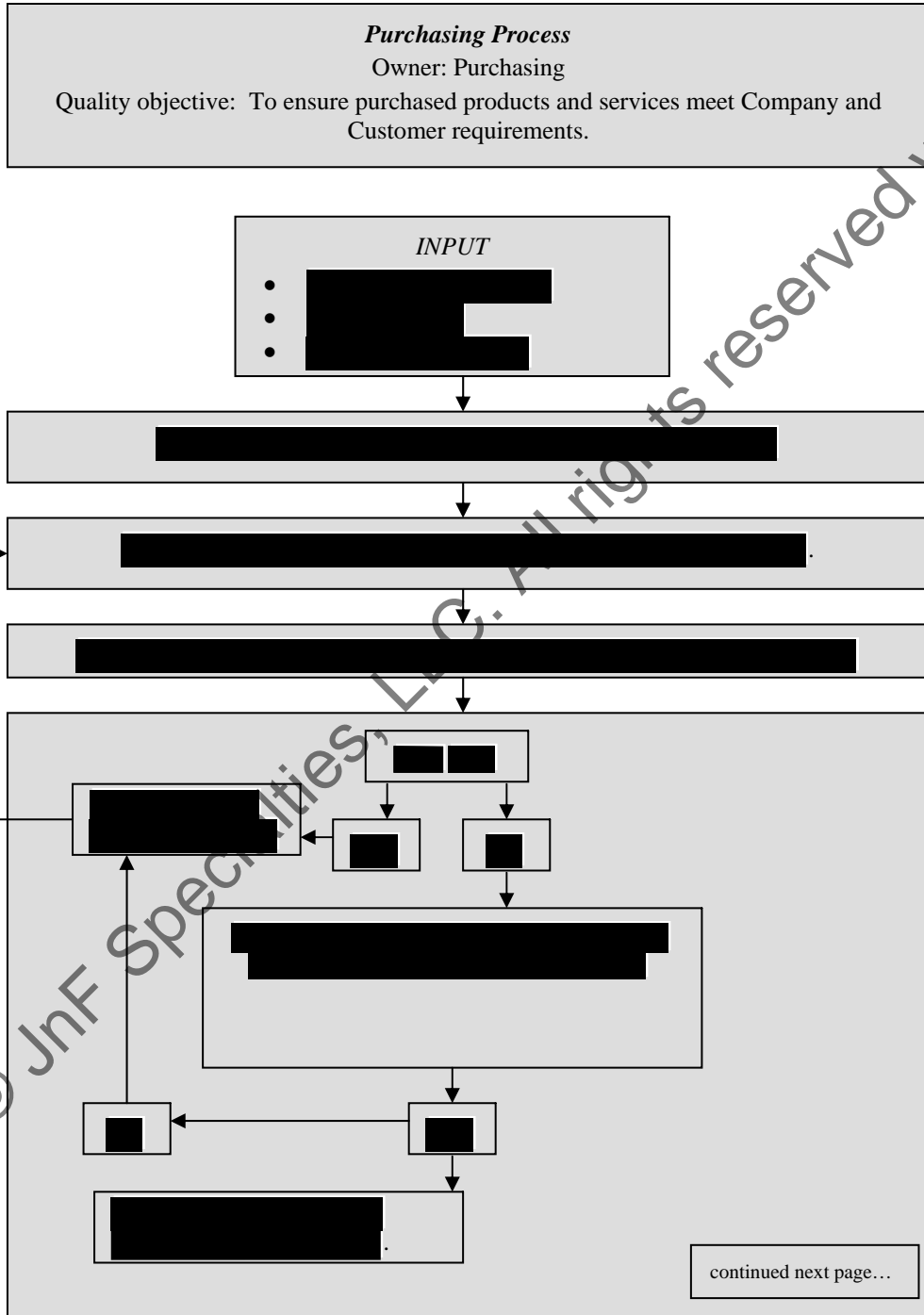
5.7 The Company will abide by all Government clauses or other statutory or regulatory requirements as referenced by the order, contract or other requirements document.

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## 6.0 PROCESS MAP



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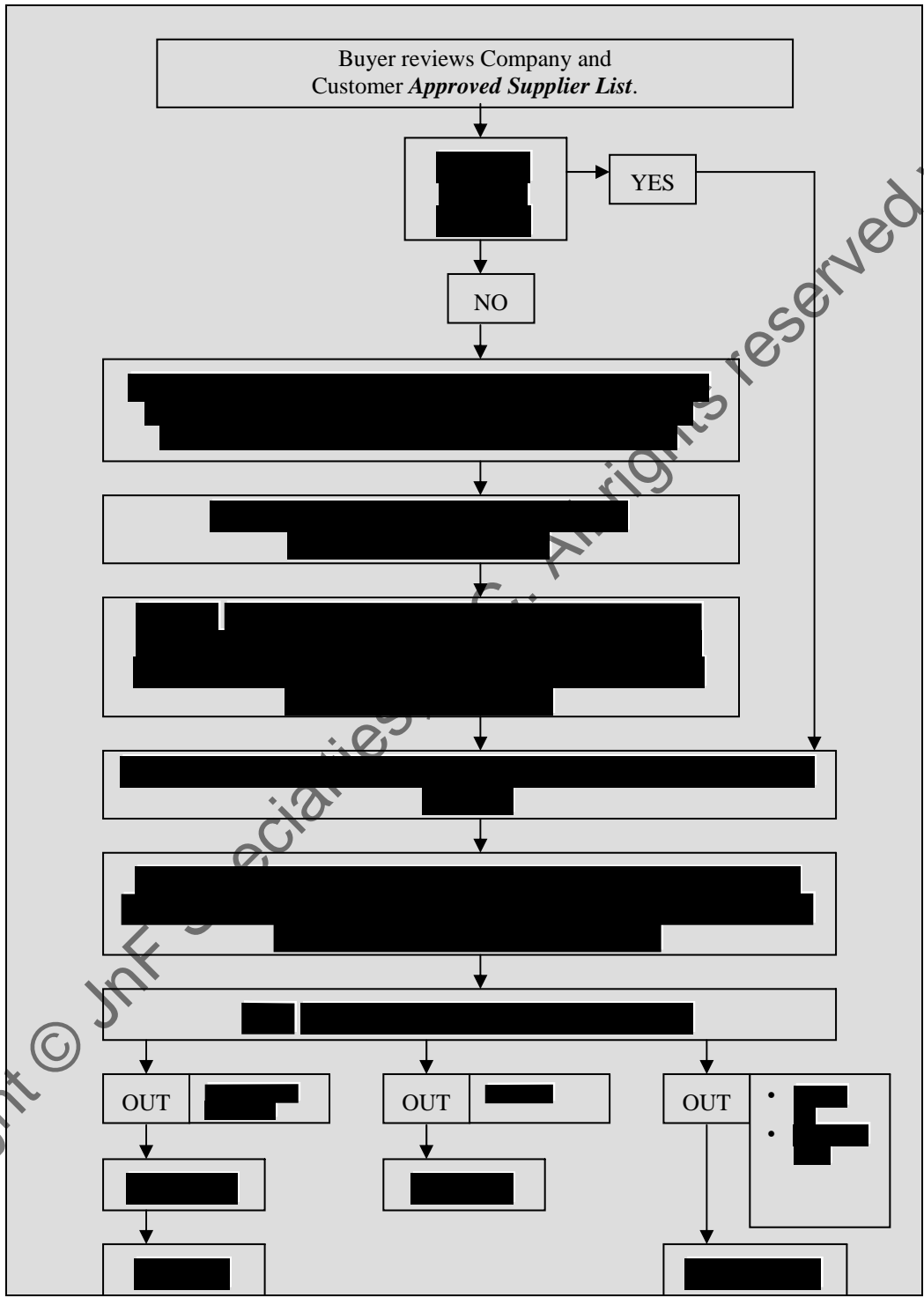
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**PURCHASE ORDER**

Your Company Name

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx

Address, City, State, Zip Code

Date:

Purchase Order #:

This order number must appear on all bills of lading, packing slips and invoices. Send 2 copies of invoice to:

Attention: [Redacted]

[Redacted]

[Redacted]

Reserved worldwide.

#	Qty	Unit	Part Number	Description	Price	Subtotal

Purchase Order Amount:

[Redacted]

Sign Acknowledgement Copy and Return Immediately

Note: A contract may not exist until receipt of this acknowledgement

[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]

Form Rev: Orig

Your Company Name

Terms and Conditions of Purchase

1) [Redacted]

2) [Redacted]

3) [Redacted]

4) [Redacted]

5) [Redacted]

6) [Redacted]

7) [Redacted]

8) [Redacted]

9) [Redacted]

10) [Redacted]

11) [Redacted]

12) [Redacted]

13) [Redacted]

14) [Redacted]

15) [Redacted]

Contractor and Subcontractor Listing Requirement

1) [Redacted]

2) [Redacted]

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## PURCHASE ORDER REVIEW

Origination Date: XXXX

Document Identifier:	Purchase Order Review
Date:	Latest Revision Date
Project:	Customer, Unique ID, Part Number
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Document Link:	Location on Server (if used)

### Abstract:

This document describes the work instruction for reviewing purchase order content.

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2.5	<i>Order is for production activity without reference to engineering drawing</i>	
3	Quality Group	When justified, add provisions for any one or combination of the following to the Requisition or P.O. in addition to Supplier quality requirements: -- 
4	Quality Group	Relative to the procurement of software, the reviewer determines the need for, and if justified, adds to the procurement document provisions for any one or combination of the following: -- 

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		--	[REDACTED]
		--	[REDACTED]
		--	[REDACTED]
		--	[REDACTED]
		--	[REDACTED]
		--	[REDACTED]
5	Discrepancy in Requisition or P.O.	--	[REDACTED]
5.1	Supplier Quality Requirements applies	--	[REDACTED]
5.2	P.O. requires additional conditions related to Supplier	--	[REDACTED]
	IF		THEN
5.2.1	P.O. requires additional conditions related to in-house processing		[REDACTED]
5.2.2	Requisition or P.O. Ok	--	[REDACTED]
6	Quality Group		Forward Supplier Evaluation to the Supplier; perform required follow-up routines.

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Your Logo	Your Co Name Address City - State - Zip Phone - Fax - Email
-----------	--

<b>REQUEST FOR QUOTE</b>	No:
--------------------------	-----

To:	Supplier Name	Date:	
	Street	Phone:	
	City, State	Fax:	
	Zip	Email:	

This request for quote (RFQ) is subject to [REDACTED]

[REDACTED]

Please quote your best price and delivery for the following item(s):

Item	Quantity	Part No.	Description	Unit \$	Total \$

Requirements: [REDACTED]

Exceptions:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Your Logo	Your Co Name Address City - State - Zip Phone - Fax - Email
-----------	--

<b>QUOTATION</b>	No:
------------------	-----

To:	Customer Name	Date:	
	Street	Phone:	
	City, State	Fax:	
	Zip	Email:	

This quotation by (Your Co Name) (the Seller) to the person identified as the Customer or Buyer is made subject to [REDACTED]

[REDACTED]

We are pleased to provide the following quotation(s):

Item	Quantity	Part No.	Description	Unit \$	Total \$

[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]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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## SUPPLIER QUALITY REQUIREMENTS

Origination Date: XXXX

Document Identifier:	Supplier Quality Requirements
Date:	Latest Revision Date
Project:	Customer, Unique ID, Part Number
Document Status:	Draft, Redline, Released, Obsolete
Document Link:	Location on Server (if used)

### Abstract:

This document describes flowdown requirements for Suppliers.

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**PURPOSE and SCOPE**

To establish the minimum requirements for supplier Quality Systems necessary to ensure that materials, parts, components, and services meet the requirements of the Contract. Procedures used to implement the provisions of this requirement shall be subject to Buyer approval upon request.

**APPLICABILITY**

These requirements shall apply to all supplies and services when referenced on the Purchase Order and amendments thereto.

When Buyer's Purchase Order includes Seller's Inspection System Level I, as a requirement, Seller's contractual commitment for an Inspection System shall be defined by all paragraphs of this specification. When Buyer's Purchase Order indicates Level II as a requirement then the Seller's contractual commitment for an Inspection System shall be defined only by those paragraphs of this specification which are checked-off.

**DEFINITIONS and ABBREVIATIONS**

- A. The term 'Buyer' or 'Buyer' means Buyer.
- B. The term 'Seller' means the legal entity that is the contracting party with the Buyer with respect to the Purchase Order.
- C. 'IAW' means in accordance with.
- D. 'MRB' means Material Review Board

**SELLER'S QUALITY SYSTEM, GENERAL**

The Seller shall maintain an effective Quality System planned and developed in conjunction with his other functions to comply with contractual requirements. In order that the Quality System will be effective, it shall provide that defects or other unsatisfactory conditions are discovered and corrected at the earliest practical point.

The System shall provide controls capable of maintaining design conformance and product integrity. The Seller shall perform all inspections and tests, and provide all: information, documents, records, reports, facilities, equipment, samples, materials, and assistance to Buyer representatives.

Records shall be kept available for six (6) years.

**NEGOTIATIONS**

[REDACTED]

**PROPRIETARY INFORMATION**

[REDACTED]

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[Redacted]

[Redacted]

**PROCESS CONTROL**

The Seller shall provide for complete review of contract requirements at the earliest practical phase of contract performance to make timely provisions for the special controls, processes, test equipment, fixtures, tooling and skills required for assurance of a quality product.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

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When the Purchase Order requires Buyer acceptance of a 1st Article, the first part fabricated to the specified Buyer configuration shall

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**SUBCONTRACTOR CONTROL**

The Seller shall be responsible for [REDACTED]

[REDACTED]

[REDACTED]

**DRAWING and CHANGE CONTROL**

The Seller shall have a procedure and designate a responsible department for the distribution of all current specifications and drawings to the required Production and Inspection areas.

The procedure shall also provide for [REDACTED]

[REDACTED]

**RECEIVING INSPECTION**

The Seller shall inspect incoming material to [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



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**STOCK CONTROL**

The Seller shall provide for [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**SAMPLING INSPECTION**

Acceptance sampling procedures, if other than ANSI Z 1.4, must have Buyer approval prior to use; sampling to permit defects is not allowed.

**TOOL, GAGE, and TEST EQUIPMENT**

The Seller shall be responsible for [REDACTED]  
[REDACTED]  
[REDACTED]

**MATERIAL CONTROL**

Nonconforming material shall be positively identified and segregated from other material being processed or stored, and held for [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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When product is returned by Buyer to the Seller because of failure to comply with Purchase Order requirements, the Seller shall

[REDACTED]

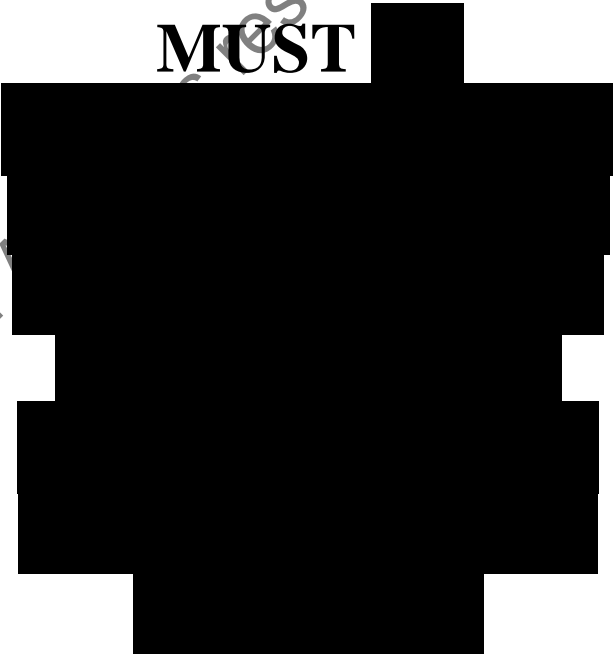
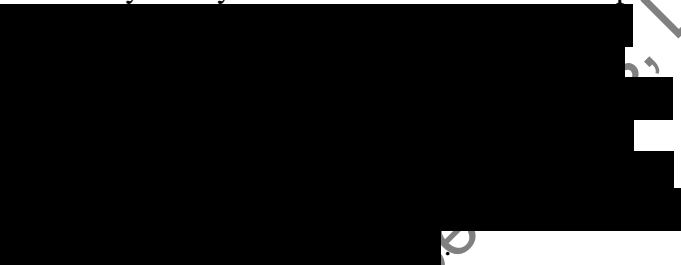
**TECHNICAL REQUIREMENTS**

Unless otherwise specified, Buyer is responsible for [REDACTED]

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# CERTIFICATE OF COMPLIANCE

From:	<p style="text-align: center;"><b>NOTICE</b></p> <p style="text-align: center;"><b>THIS CERTIFICATE OF COMPLIANCE MUST</b></p> 
To:	
Attention: Receiving Inspection	
PO#:	
Customer P/N:	
Your Co P/N:	
Quantity:	
Shipping Date:	
We hereby certify that all items in the above shipment	
	
Name:	
Title:	

Form Rev: Orig

Your Logo

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## SUBCONTRACTOR PLAN

Origination Date: (mo-yr)

Document Identifier:	Subcontractor Plan
Date:	
Project:	Your Project
Document Status:	Draft, Released, Redlined

### Abstract:

This document describes the subcontractor plan for (your project).

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1. Type of Plan

This plan is an individual subcontractor plan where all elements are developed specifically for this contract and applicable for the full term of this contract.

2. Goals

The Company believes this contract provides significant opportunities for the use of [REDACTED]

[REDACTED] The Company anticipates the subcontracting plan will achieve the following goals:

A. [REDACTED]

B. [REDACTED]

C. [REDACTED]

D. [REDACTED]

E. [REDACTED]

3. Description of all the products and/or services to be subcontracted under this contract and an indication of the types of organizations supplying them.

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For instance:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

4. The Company developed subcontracting goals for small and small disadvantaged business concerns according to [Redacted]

5. Indirect costs have [Redacted]

6. When indirect costs are included, the Company determines the proportionate share of such costs to be allocated as subcontracts to [Redacted].

7. Program Administrator

Name:

Title:

Address:

Telephone:

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Duties: The Company's program administrator has general overall responsibility for the subcontracting program, which includes [REDACTED]

Duties include but are not limited to the following activities:

A. [REDACTED]

B. [REDACTED]

C. [REDACTED]

D. [REDACTED]

E. [REDACTED]

F. [REDACTED]

G. [REDACTED]



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H. [REDACTED]

I. [REDACTED]

J. [REDACTED]

K. [REDACTED]

L. [REDACTED]

M. [REDACTED]

8. Equitable Opportunity

The Company ensures that small business, small disadvantaged business, women-owned small business, veteran-owned and HUBZone small business concerns have [REDACTED]. These efforts may include but are not limited to the following activities:

A. Outreach efforts to obtain sources:

1. [REDACTED]
2. [REDACTED];
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]

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**B. Internal efforts to guide and encourage purchasing personnel:**

1. [Redacted]
2. [Redacted]
3. [Redacted].

**C. Additional efforts:**

[Redacted]

**9. Flow-Down Clause**

[Redacted]

**10. Reporting and Cooperation**

The Company assures

- (1) [Redacted]
- (2) [Redacted]
- (3) [Redacted]

**11. Recordkeeping**

The Company maintains the following records to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records include but not be limited to the following;

A. [Redacted]

B. [Redacted]

C. On a contract-by-contract basis, records on all subcontract solicitations over [Redacted] that indicate for each solicitation:

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- (1) [Redacted]
- (2) [Redacted]
- (3) [Redacted]
- (4) [Redacted]
- (5) [Redacted]
- (6) [Redacted]

D. [Redacted]

E. Records to support internal guidance and encouragement provided to buyers through:

- (1) [Redacted]
- (2) [Redacted]

F. On a contract-by-contract basis, records to support subcontract award data including the [Redacted]

G. Additional records:

[Redacted]

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Project:	Place:
██████████	██████
██████████	██████████
██████████	██████████

Survey Designation:

Hardware Designation:

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

Other Participants:

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Ref:

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Continuation...

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[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]:

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---	Yes	No	Comment
<b>Administration</b>			
Do you have a QC manual?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an organization chart?	<input type="checkbox"/>	<input type="checkbox"/>	
Does management approve the quality manual?	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Purchasing</b>			
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"/>	
<b>Receiving Inspection</b>			
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"/>	
How long are material certifications kept on file:			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Inspection</b>			
Is inspection performed by Quality Group personnel or under their supervision?	<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"/>	
<b>Drawing and Revision Control</b>			
Do you have a system to provide Operators and Inspectors with the latest revision drawing, specification or change notice?	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	



---	Yes	No	Comment
<b>Calibration</b>	---	---	---
Does your calibration system conform to MIL-STD-45662, ISO 10012 or ANSI/NCSL Z540-1?	<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"/>	
<b>Material Review</b>	---	---	
Do you document process and product nonconformances?	<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"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<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:
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Preservation, Packaging, Packing and Shipping</b>	---	---	---
Do you prepare products for shipment according to Customer requirements or [REDACTED]?	<input type="checkbox"/>	<input type="checkbox"/>	Which:
[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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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"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your Company have an electrostatic discharge control procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is calibrated equipment traceable to a national standard?	<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 required to [Redacted]

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



ADMINISTRATIVE		Yes	No	N/A
1)	Does the facility have a Quality Control Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVING				
1)	Does receiving inspection check all incoming materials against purchase order requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	--	--	--
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINAL ACCEPTANCE				
1)	Is final inspection performed by Quality Control personnel or under their supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	--	--	--
5)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAWING AND CHANGE CONTROL				
1)	Are adequate controls in effect to [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain		--	--	--
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TOOL AND GAGE CONTROL			
1) Does the calibration system meet Mil-Std-45662A or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTIONS			
1) Is a corrective action system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-CONFORMING MATERIAL CONTROL			
1) Are written rejection forms used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAMPLING INSTRUCTIONS			
1) Is inspection performed using sampling plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	--	--	--
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCUREMENT CONTROL			
1) Does a system exist for evaluation of your supplier's quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACKAGING AND SHIPPING			
1) Is the shipping department informed of customer packaging and shipping requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SOURCE INSPECTION REPORT

<b>Program#:</b>		<b>Contract#:</b>	
<b>P/N:</b>		<b>Rev:</b>	<b>Acct#:</b>
<b>Description of Activity:</b>			
[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]	[REDACTED]	[REDACTED]

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Your Logo

Form Rev: Orig





## Quality System Supplier Rating

Mo/Yr

Revisions				Rev:	
Letter	E.O. Number	Description	Date		
Used On	Contract#:	<b>Your Company Name</b>			
Prepared By:		Date	<b>YOUR PROGRAM</b> Your Procedure #		
Your Dept:		Date			
Your Dept:		Date			
Your Dept:		Date			
Your Dept:		Date	Size: <b>A</b>	CAGE:	

Your Company Logo

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## Group 1: 1.0 Corrective Action

Data Source: Customer corrective action requests such as correspondence, contract actions, etc.

### 1.1 Rating

Green Rating:

No safety or quality related deficiencies.

Yellow Rating:

Contractual non-compliances that are systemic in nature and could adversely affect cost, schedule or performance if not corrected in a timely manner. Nonconformances in this category are written and directed to the contract management level responsible for the process.

Red Rating:

Serious contractual non-compliances that may include contractual remedies such as reductions of progress payments, cost disallowances, cure notices, show cause letters or business management system disapprovals. Nonconformances in this category are written and directed to top program management for resolution within a specified time frame.

## Group I: 2.0 External Audit

Data Source: Findings detected during Customer and/or third party audits or process surveillance, to include:

### 2.1 Rating

Green Rating:

No major findings. (see definitions)

Yellow Rating:

Findings are major or critical but a corrective action response is being developed within the specified due date.

Red Rating:

Findings are major or critical and no corrective action is taken.

## Group I: 3.0 Internal Audit

Data Source:

### 3.1 Rating

Green Rating:

**Yellow Rating:**

[Redacted]

**Red Rating:**

[Redacted]

**Group II: 4.0 Nonconformances**

**Data Source:**

[Redacted]

**4.1 Rating**

**Green Rating:**

[Redacted]

**Yellow Rating:**

[Redacted]

**Red Rating:**

[Redacted]

**Group II: 5.0 Test Defects**

**Data Source:**

[Redacted]

**5.1 Rating**

**Green Rating:**

[Redacted]

**Yellow Rating:**

[Redacted]

**Red Rating:**

[Redacted]

**Group II: 6.0 Delivered Defects**

**Data Source:**

[Redacted]

Your Company Name	REV	CAGE	DOC#:	4 of 9
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**6.1 Rating**

Green Rating:

Yellow Rating:

Red Rating:

**Group II: 7.0 Delivery Data**

Data Source:

**7.1 Rating**

Green Rating:

Yellow Rating:

Red Rating:

**Group III: 8.0 Software Process**

Data Source:

**8.1 Rating**

Green Rating:

Yellow Rating:

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Your Company Name	REV	CAGE	DOC#:	5 of 9
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**Red Rating:**

[Redacted]

**Group III: 9.0 Supplier Quality Management**

Data Source: [Redacted]

**9.1 Rating**

Green Rating:

[Redacted]

Yellow Rating:

[Redacted]

Red Rating:

[Redacted]

**Group III: 10.0 Management Effectiveness**

Data Source: [Redacted]

[Redacted]

**10.1 Rating**

Green Rating:

[Redacted]

Yellow Rating:

[Redacted]

Red Rating:

[Redacted]

Your Company Name	REV	CAGE	DOC#:	6 of 9
			Your Procedure #	

## 11.0 Rating Formula

Group I	“System”	Elements 1, 2, 3	pts each
Group II	“Defects”	Elements 4, 5, 6, 7	pts each
Group III	“Management”	Elements 8, 9, 10	pts each

Green:

[Redacted]

Yellow:

[Redacted]

Red:

[Redacted]

Rating shall be developed by calculating:

[Redacted]

Supplier Rating

[Redacted]

GREEN  
YELLOW  
RED

### 11.1 Rating Issues

University Assessments - not all universities have well established procedures.

Build -To-Print Shop - limited numbers of elements are being reviewed - acknowledge the incomplete nature of the evaluation process - evaluate the correct elements to use for this category and complete appropriate rating.

## 12.0 Definitions

[Redacted]

Your Company Name	REV	CAGE	DOC#:	7 of 9
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Your Company Name	REV	CAGE	DOC#:	8 of 9
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# ASSESSMENT WORKSHEET

Criteria	Color Code: Green=g Yellow=y Red=r	Number Code:	Weighted Factors: Group I = Group II = Group III =	Grade: Number Code Times Weighted Factor
<b>GROUP I (SYSTEM)</b>				
Corrective Action				
<b>GROUP II (DEFECTS)</b>				
Nonconformances				
<b>GROUP III (MANAGEMENT)</b>				
Software Process				
TOTALS:				
Comments:				
		<b>Risk Rating</b>		
		Green		
		Yellow		
		Red		

Form Rev: Orig

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Your Company Name	REV	CAGE	DOC#:	9 of 9 Your Procedure #
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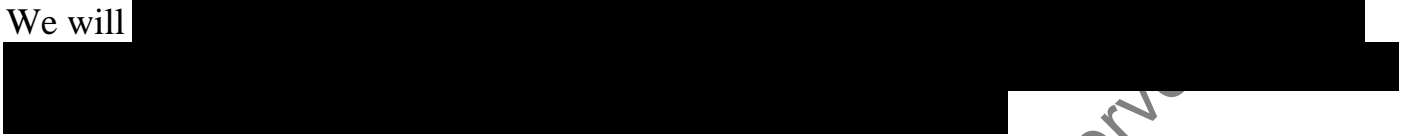
# SUPPLIER PERFORMANCE RATING REPORT

Job #: Performance Reporting Dates:

Supplier:

Dear QC Manager,

We have developed a Supplier Report Card that indicates your Quality Performance. Attached is a copy of your Quality Performance, which includes your overall rating. We will



If you have any questions, please call or email us.

Sincerely,

\_\_\_\_\_  
(Your name)

Your Logo  
Business Name  
Address  
City, State, Zip  
Phone  
Fax  
Email

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Your Logo

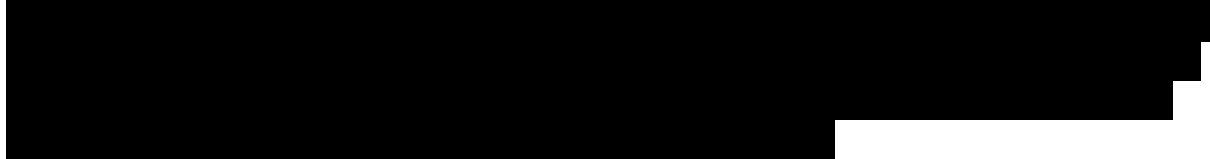
(Date)

Quality Manager  
Name  
Address  
City, State, Zip

Re: Supplier Performance Rating Report  
Performance Reporting Dates:  
P.O. #

Dear QC Manager:

We have developed a Supplier Report Card that indicates your Quality Performance. Enclosed is a copy of your Quality Performance, which includes



If you have any questions, please call or email us.

Sincerely,

Your Name  
Your Company Name  
Your Address  
Your City, State, Zip  
Phone: Your #  
Fax: Your #  
Email: Your email

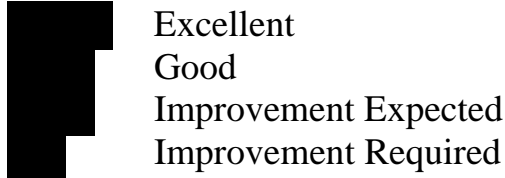
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# SUPPLIER PERFORMANCE RATING REPORT

Job #: \_\_\_\_\_ Performance Reporting Dates: \_\_\_\_\_

Supplier: \_\_\_\_\_

OVERALL PERFORMANCE RATING **100**



	Points (100 Max)	Weight %
<b>Quality</b> .....	100	████████
<b>Delivery</b> .....	100	████████
<b>Documentation</b> .....	100	████████
<b>Cooperation</b> .....	100	████████

**Quality:** The number of items accepted divided by the number of items that should have been received times 100.

**Delivery:** The grace period is a maximum of 7 days early and 3 days late. If the Date Received is within the grace period then the Supplier has earned ██████████

**Documentation:** Purchasing, QC and Accounting's assessment of the accuracy and completeness of ██████████

**Cooperation:** Purchasing and QC's assessment of the Suppliers willingness to cooperate, including ██████████

Purchasing Agent \_\_\_\_\_ Date \_\_\_\_\_

# SUPPLIER RATING WORKSHEET

Supplier:

P/N:

## QUALITY

Scheduled Quantity	Quantity Rejected	Quantity Accepted	Weighted Score

## DELIVERY

Date Due	Date Received	# of Days Difference	Weighted Score

## DOCUMENTATION

Possible Points	Actual Performance	Weighted Score
100		

## COOPERATION

Possible Points	Actual Performance	Weighted Score
100		

Quality:  $\frac{\text{Items Accepted ( )}}{\text{Items Received ( )}} \times 100 = \text{Result}$  \_\_\_\_\_  
 Result times [redacted] \_\_\_\_\_ Points

Delivery:  $\frac{\text{Date Received ( )}}{\text{Date Due ( 100 )}} \times 100 = \text{Result}$  \_\_\_\_\_  
 Result times [redacted] \_\_\_\_\_ Points

Documentation: Possible 100 points      Actual: \_\_\_\_\_  
 Actual times [redacted] \_\_\_\_\_ Points

Cooperation: Possible 100 points      Actual: \_\_\_\_\_  
 Actual times [redacted] \_\_\_\_\_ Points

Weighted Quality Points:	
Weighted Delivery Points:	
Weighted Documentation Points:	
Weighted Cooperation Points:	
<b>Total:</b>	

## Supplier Overall Performance Rating

Supplier:	Overall Performance Rating					Month:	
PO#	P/N	Excellent	Good	Expect	Required	Remarks	
		<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"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Perception of Supplier Quality:							

## Supplier Monthly Rating Report

Supplier	Rating	Monthly and Average Percentage Rating											
		J	F	M	A	M	J	J	A	S	O	N	D
	Quality												
	Delivery												
	Documentation												
	Cooperation												
	Average												

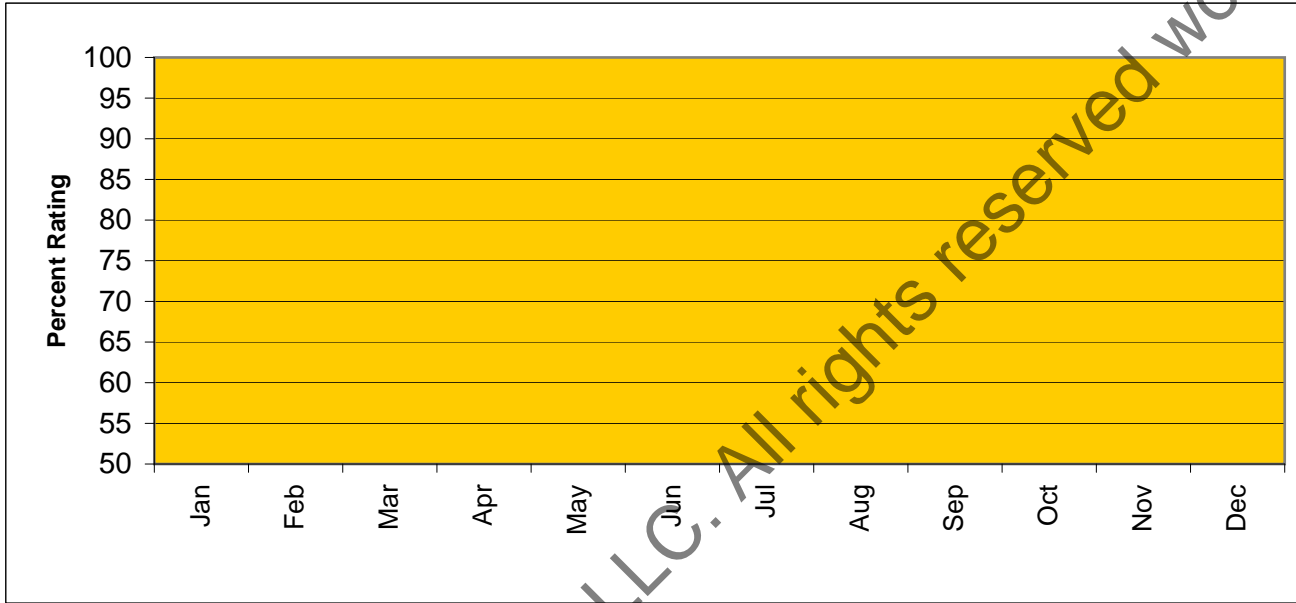
Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Form Rev: Orig

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# Supplier Performance Rating

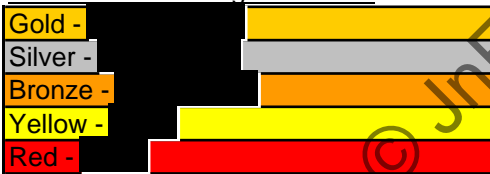


## Quality Performance

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Rating %												
Pieces Received												
Pieces Accepted												

Form Rev: Orig

### Performance Rating Standards



Supplier Name:	
Overall Rating %:	#DIV/0!

Your Co Name  
 Your Address  
 Phone: Your#  
 Fax: Your#  
 Email: Your email

### Pareto Analysis, (year) On-Time Delivery Rating



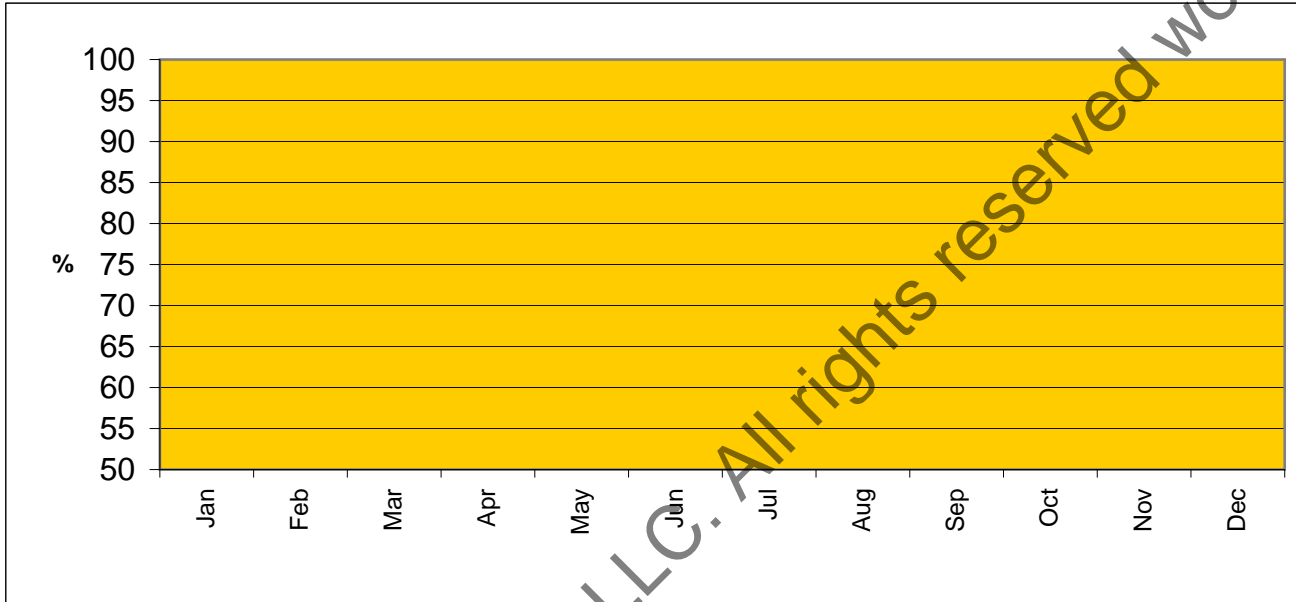
Date: \_\_\_\_\_

Your Co Name

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# Supplier Performance Rating



## On-Time Delivery Rating

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Average Rating %	0	0	0	0	0	0	0	0	0	0	0	
Desired Rating	100	100	100	100	100	100	100	100	100	100	100	
Actual Rating												

Form Rev: Orig

### Performance Rating Standards



Customer Name: \_\_\_\_\_

Overall Rating %: 0

Your Co Name  
 Your Address  
 Phone: Your#  
 Fax: Your#  
 Email: Your email



Sheet __ of __		<b>Authorization to Ship</b>		ATS#		Your Logo		
Supplier#		Contract#		PO#		Requisition#		
Supplier Name		Program Name		Part Name		PN		
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]			
Calibration of Inspection Tools Verified:			__Yes __No		Inspector Signature			Date



Sheet □ of □		<b>Product Release Record</b>			PRR#		Your Logo	
Supplier#		Contract#		PO#		Requisition#		
Supplier Name		Program Name		Part Name		P/N		
Address		Buyer Name		Specification#		Revision		
		Phone#:		Revision:		S/N – Lot#:		
█	█	█	█	█	█	█	█	
█	█			█	█			
Calibration of Inspection Tools Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No				Inspector Signature			Date	

Form Rev: Orig



# Your Company Name

Date:

Attention:

Company:

Address:

City, State:

Zip Code:

Subject: Customer/Government Property located at your facility

Dear (insert your appropriate name)

Our records show the Customer/Government property listed below is currently located at your facility.

[Redacted]

[Redacted]

[Redacted]

1	Property Description:
1	Quantity:
1	Identification Number:
2	[Redacted]
2	[Redacted]
2	[Redacted]
3	[Redacted]
3	[Redacted]
3	[Redacted]
4	[Redacted]
4	[Redacted]
4	[Redacted]

Supplier/Subcontractor Certification:

I certify the Customer/Government property listed above is physically controlled by our facility.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Form Rev: Orig

Your Logo

**INVESTIGATION AND  
CORRECTIVE ACTION  
REQUEST**

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**ICAR Responsible Supplier:** \_\_\_\_\_

**Customer:** \_\_\_\_\_ **Part#** \_\_\_\_\_ **Applicable Customer P.O or Job #** \_\_\_\_\_

**Customer CA or corresponding documentation received?** Y  N  **Number:** \_\_\_\_\_

[Redacted content]

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## REQUEST FOR CORRECTIVE ACTION

1	RFCA#:	Date:	MR#:
2	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
3	To:	Return To: Your Co. Attention: Address:	
4	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
5	Part Description:		
6	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
7	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
8	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
9	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
10	Completion Date:	Implemented Next Order's#:	
11	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
12	<div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
13	Reason for Non-Approval		

Form Rev: Orig

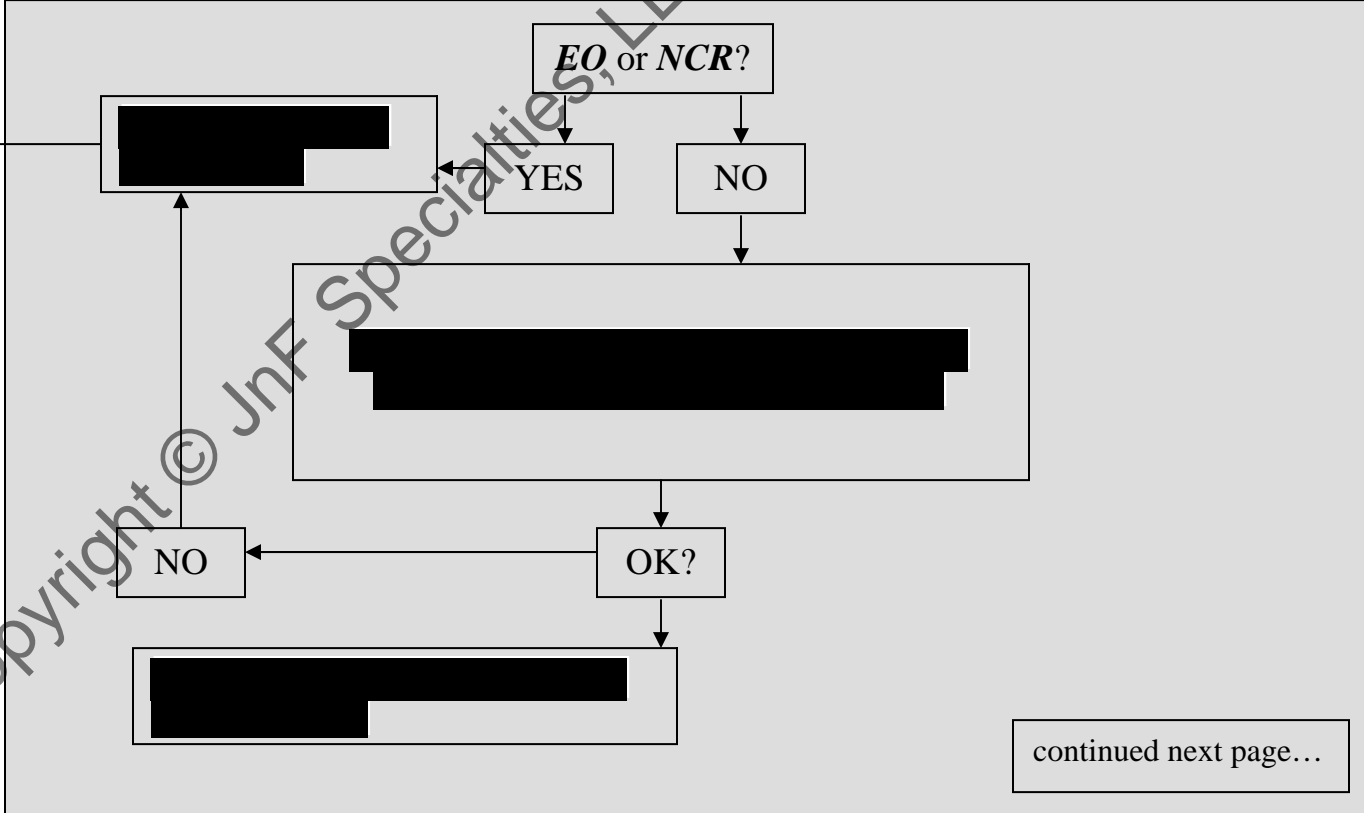
**Purchasing Process**  
Owner: [REDACTED]  
Quality objective: [REDACTED]

**INPUT**  
• [REDACTED]  
• [REDACTED]  
• [REDACTED]

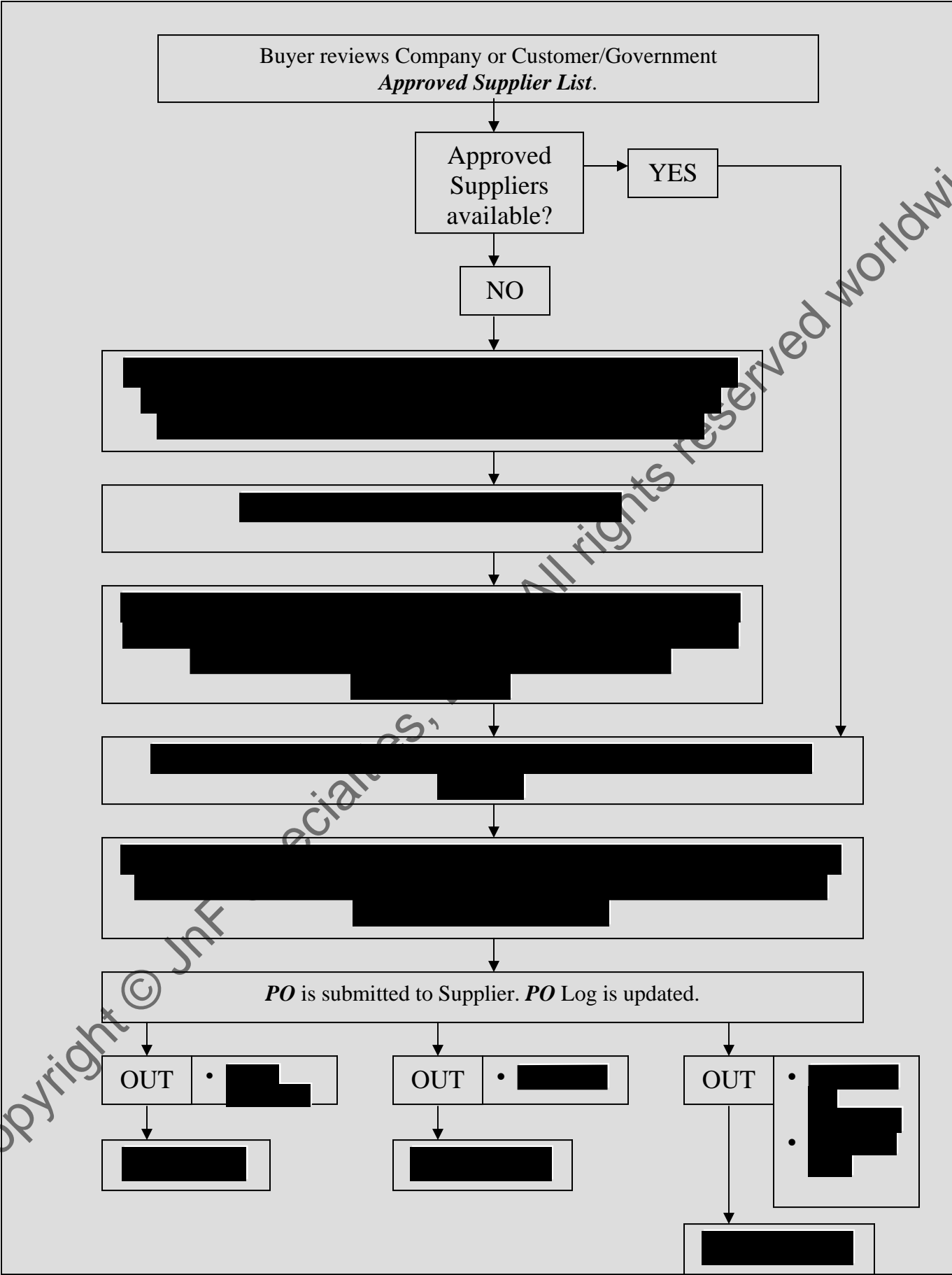
Employee obtains [REDACTED]

Employee submits [REDACTED]

Purchasing reviews [REDACTED]



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Add to Cart