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Add to Cart

Tips:

Quality System Supplier Rating

Mo/Yr

Mo/Yr Double click grey area at top and bottom of page to edit header/footer Search for the word "your" throughout doc and replace as required

Mo/Yr

Rev: E.O. Number - Description Letter Date Contract#: **Your Company Name** Prepared By: Date Your Dept: Date Your Dept: **YOUR PROGRAM** Date Your Dept: Date Your Procedure # Your Dept: Date Size: CAGE: 1 of 9 Your Form # (mo/yr)

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Your Company Name	REV	CAGE	DOC#:		2 of 9
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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					driide
Yellow Rating:					72/10
					()
Red Rating:				0	
Group I: 2.0 External Audit			Mis		
Data Source:					
to include:					
and	C	•			
2.1 Rating Green Rating:					
Yellow Rating:					
Red Rating:					
Too Tuning.					
Group I: 3.0 Internal Audit					
Data Source: Effectiveness of the Supplie	er's				
3.10 Rating					
Green Rating:					
Your Company Name	REV	CAGE	DOC#:	Your Procedure #	3 of 9

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Your Procedure #

Group III: 9.0 Sup			Moldwi
Data Source: Effectivene 9.1 Rating	ess of the use of Suppl	ier	
Green Rating:			NO.
Yellow Rating:			
Red Rating:		.6	
Group III: 10.0 Man Data Source: Quality ma			
10.1 Rating Green Rating			
Yellow Rating:			

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Red Rating:

Your Company Name	REV	CAGE	DOC#:	6 of 9
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11.0 Rating Formula

"System" pts each Group I Elements 1, 2, 3 reserved moridinide. "Defects" pts each Group II Elements 4, 5, 6, 7 "Management" Elements 8, 9, 10 Group III pts each

Green:

Yellow:

Red:

Rating shall be developed by calculating:

Supplier Rating

100% -**GREEN** YELLOW **RED**

11.1 Rating Issues

C. All right University Assessments - not all universities have

Build -To-Print Shop - limited numbers of elements are

correct elements to use for

12.0 Definitions

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

Criteria	Color Code:	Number Code:	Weighted Factors:	Grade:
	Green=g		Group I =	Number Code
	Yellow=y		Group II =	Times
	Red=r		Group III =	Weighted Factor
GROUP I (SYSTEM)				· NIO
				10"
				NO
GROUP II (DEFECTS)			5-	
			10	
			40-	
GROUP III (MANAGEMENT)			×S	
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			Ť	
Comments:		TOTALS:		
Comments:		Cı		
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	cio.			
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	C-0			
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	X			
X W				
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110		100% - Risk	Rating Green	
21		10070	Yellow	
04,			Red	
,~				

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Your Company Name	REV	CAGE	DOC#:	9 of 9
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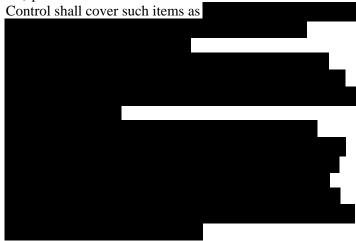
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☐PURPOSE and SCOPE	
<u> </u>	
To establish the minimum requirements for supplier Quality Systems necessary to ensure	·
Systems necessary to ensure	PROPRIETARY INFORMATION
	The Seller must identify in writing the intended use in
	performance of the Purchase Order of an item, material,
	component or process with respect to which access by
	(Your Co) or (Your Co) Customer representatives for
□APPLICABILITY	purpose of Quality Assurance by inspection, test or process
These requirements shall apply to all supplies and services	surveillance is proposed to be restricted. The
when referenced on the Purchase Order and amendments	
thereto.	
When (Your Co)'s Purchase Order includes Seller's	
Inspection System, (Your #), Level I, as a requirement,	
Seller's contractual commitment for an Inspection System	
shall be defined by	
When (Your Co)'s Purchase Order indicates Level II as a	
requirement then the Seller's contractual commitment for an	
Inspection System shall be defined	
DEFINITIONS and ABBREVIATIONS	
A. The term 'Buyer' or '(Your Co)' means (Your Co).	
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	The Seller shall provide for complete review of contract
	requirements at the earliest practical phase of contract
☐SELLER'S QUALITY SYSTEM, GENERAL	performance to make timely provisions for the special
The Seller shall maintain an effective Quality System	controls, processes, test equipment, fixtures, tooling and
planned and developed in conjunction with	skills required for assurance of a quality product. Work instructions for all work affecting quality shall
	work instructions for an work affecting quanty snan
The System shall provide	
The System shan provide	
□ NEGOTIATIONS	
It is not the intent of this specification to restrict the Seller	
in his mode of operation; therefore, it is possible	

Your Company Name	REV	CAGE	DOC#:		2 of 4
1 2	Orig			Your Procedure #	

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	()	Your Co) ma	y refuse to easent items delivered under the
			y refuse to accept items delivered under the er if the Seller fails to submit the
			documentation, test data, or reports required
			cation or the Purchase Order.
		_	erves the right to
		,	
			.0,5
			UDOONTD A OTOD CONTDO
	TP1		UBCONTRACTOR CONTROL
Calley MDD is not outhorized. Calley shall notify (Von			Il be responsible for adequate and effective is procurement sources to ensure
Seller MRB is not authorized. Seller shall notify (You within 48 hours of detected failure. (Your Co) and/or		ilitoi ovei n	is procurement sources to ensure
Co) Customer representatives shall participate in the	(10ul		
disposition of nonconformances.			
Formal Failure Analysis and Corrective Action sh	all be		
required.		·	_
A Seller Failure Review Board is			WING and CHANGE CONTROL
			ll have a procedure and designate a
			epartment for the distribution of all current
		spection are	and drawings to the required Production and
			e shall also provide
		io procedure	onali also provide
		_	
			RECEIVING INSPECTION
			ll inspect incoming material to assure that
	_		materials, parts, assemblies, components, s, hardware, etc. conform to drawings,
		•	er, and specification requirements. When it is
			e or feasible to assure quality upon receipt, the
			ake provision for source inspection.
			quirements shall include
Vous Company Nama	REV	CAGE	DOC#: 3 of 4
Your Company Name		CAGE	Your Procedure #
	Orig		Tour Frocedure #

□STOCK CONTROL The Seller shall provide for protection and control of supplies and materials stored for use in deliverable (Your

Co) products.



SAMPLING INSPECTION

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

TOOL, GAGE, and TEST EQUIPMENT

The Seller shall be responsible for providing and ascertaining the accuracy and stability of tools, gages, and test equipment to assure supplies conform to contractual requirements.



MATERIAL CONTROL

Nonconforming material shall be positively identified and segregated from other material being processed or stored, and held for appropriate documented review action and disposition.

Seller may not

in the manufacture of deliverable products. A correlation shall

The Seller shall maintain traceability of raw material used

When product is returned by (Your Co) to the Seller because of failure to comply with Purchase Order requirements, the Seller shall adhere to the instructions specified on the (Your Co) return documents. In the event that Seller does not accept the responsibility for a discrepant condition, the Seller shall immediately initiate a letter of exception advising the (Your Co) Purchasing Department (Attention: Buyer) of the fact that exception is being taken to the rejection. The letter shall

TECHNICAL REQUIREMENTS

Unless otherwise specified, (Your Co) is responsible for compliance to reliability, safety, weight, or other special requirement, unusual test or inspection procedures or equipment, and any special revision or model identification.

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Your Company Name	REV	CAGE	DOC#:	4 of 4
1 2	Orig			Your Procedure #

Your Company Name OUALITY SYSTEM EVALUATION

	QUALITY SYSTEM	I EVALUA'	TION	
Company Name:				
Street Address:				
City:		State:	Zip:	
				. 29
	GENERAL INF oresentative: other responsibilities? ny's major products/se	ORMATIO	N	oildwild
Quality Program Rep	resentative:		_ Title:	70,
Does the above have	other responsibilities?	Yes	No >	11.
If ves. explain:	1			•
Describe/List Compa	ny's maior products/se	rvices:	N	
Describe, Elst Compa	my s major products/se	1 11005	<u>c</u> Ø,	
Quality System: Cor	nmercial: MIL-	Wing.	MII - 0-9)858·
Quanty System. Con		1-43200.	MIL-Q-	/030
Doog woun Company	have a Quality Control	1 Manya 12	Yes N	0
		i Mailuar.	ies in	0
If yes, indicate Featu	res that are included:	<i>V</i> 1.		<u> </u>
		, ,		
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:(0)				
1/13				
207				
		·		
Specification(s) to w	hich your Company wo	orks?	QC-	121-4 (mo/yr)

Does your Company have a Material Review Board (MRB)?_____

		a worldwide
		, woilo
If yes, person responsible:	Title	
BU	YER USE ONLY BELOW L	INE
APPROVAL STATUS:	Conditionally Approved	Approved
	. 0.	
	Ċ'O'	
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Supplier Survey Disposition Supplier Survey Disposition Mo/Yr Double click grey area at top and bottom of page to edit header/footer Search for the word "your" throughout doc and replace as required

Rev: E.O. Number - Description Letter Date Contract#: **Your Company Name** Date Your Dept: Date Your Dept: **YOUR PROGRAM** Date Your Dept: Date Your Procedure # Your Dept: Date Size: CAGE: 1 of 1 Your Form # (mo/yr)

STEP	RESPONSIBILITY	ACTION
1	Quality Group	
1.1	Quality Group	
	IF	THEN
1.2	MIL-I-45208	
1.3	MIL-Q-9858	
1.4	ISO 9001,	Check the Supplier's response against the ISO 9001,
		matrix herein.
1.5	Commercial	Forward the Supplier Survey to the CCB to determine contract flowdown
		requirements.
	IF	THEN
1.6	No flowdown	
1.7	Flowdown required	
	•	
STEP	RESPONSIBILITY	ACTION
2	Quality Group	Identify procedures that should be checked for each quality system.
	IF	THEN
2.1	Supplier check marked	
	all applicable	
	procedures	
2.2	Supplier did not check	Evaluate Supplier for
	mark all applicable	
	procedures	
2.3	Supplier record is	
	defect-free	
2.4	Supplier record is not	Check mark "Conditionally Approved" on survey form QC-121-4, record
	defect-free	findings in "Comments" and
2.5	Cumplion did not	
2.3	Supplier did not complete survey	
	complete survey	
2.6	Supplier record is	Schedule on-site survey.
2.0	defect-free	Schedule on-site survey.
2.7	Supplier record is not	Record findings in "Comments" on survey form QC-121-4 and forward
2.7	defect-free	completed form to the CAB for follow-up instructions.
2.8	Supplier check marked	
	incorrect procedures	
	(checking more than	
	(required is Ok)	
2.9	Supplier record is	Check mark "On Site Survey Required" and schedule survey.
X	defect-free	
2.10	Supplier record is not	
1113	defect-free	
77		
STEP	RESPONSIBILITY	ACTION
3	Quality Group	Update Approved Supplier's list QC-121-3 for survey check marked
		"Approved" and complete

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Your Company Name	REV	CAGE	DOC#:	2 of 2
1 7			You	r Procedure #

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Quality System Elements	MIL-I 45208	MIL-Q 9858				
Management Responsibility:	(3.1)	(1.3, 3.1)				
Quality System, Initial Quality	(1.1)	(1.3, 3.2)				
Planning:	,					
Contract Review:	(1.2)	(3.2, 1.4)				
Design Control:	N/A	(4.1)			-1	C
Document and Data Control:	(3.2)	(4.1)			1	•
Purchasing:	N/A	(5))	(<i>></i>	
Control of Customer Supplied Product:	(3.6)	(7.2)		e (
Product Identification and Traceability:	N/A	(6.1)	6			
Process Control:	(3.4)	(6.2)	N N			
Inspection and Testing:	(3.1,	(6.1, 6.2, 6.3)				
	3.2.1, 3.12)	Mille				
Control of Inspection,	(3.3)	(4.2-4.5)				
Measuring and Test Equipment:		0.				
Inspection and Test Status:	(3.5)	(6.7)				
Control of Nonconforming Product:	(3.7)	(6.5)				
Corrective and Preventive Action:	(3.2.3)	(1.3, 3.5)				
Handling, Storage, Packaging, Preservation, and Delivery:	(3.6)	(6.4)				
Control of Quality Records:	(3.2.2)	(3.4)				
Internal Quality Audits:	N/A	N/A				
Training:	N/A	N/A				
Servicing:	N/A	(1.3)				
Statistical Techniques:	N/A	(6.6)				
III)					QC-	121-5 (
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Your Company Name	REV	CAGE	DOC#:	3 of 3
1 7			<u> </u>	Your Procedure #

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CERTIFICATE OF COMPLIANCE

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V. C. DAY	MUST
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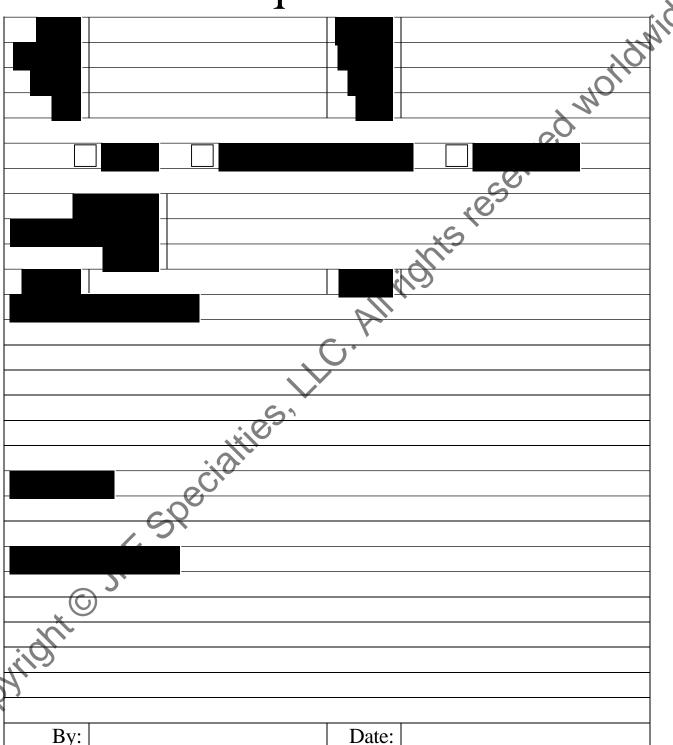
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Your Logo

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Information Request



MATERIAL REPORT

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CLASSIFICATION		MRB Disposition	
MAJOR			
MINOR NONE			
NOND	Material Review	w Board Acceptance	
0,			
Products/Date	Manufacturing/Date	Quality/Date	Referee/Date
Rework/Repair Operator	Rework/Repair Date	Rework Inspector/Date	Customer/Date
Rework Time:		Rework QC Time:	Sum of Time Consumed by MRB:

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Property Certificate

	Troperty Certificate	
Purchase Order 1	,	
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PROPERTY CONTROL	Your Logo		PROPERTY CONTROL	Your Logo
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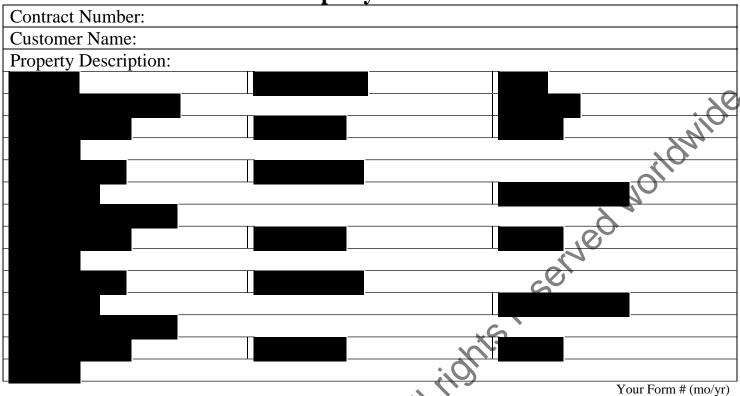
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Property Record



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SUPPLIER PERFORMANCE RATING REPORT

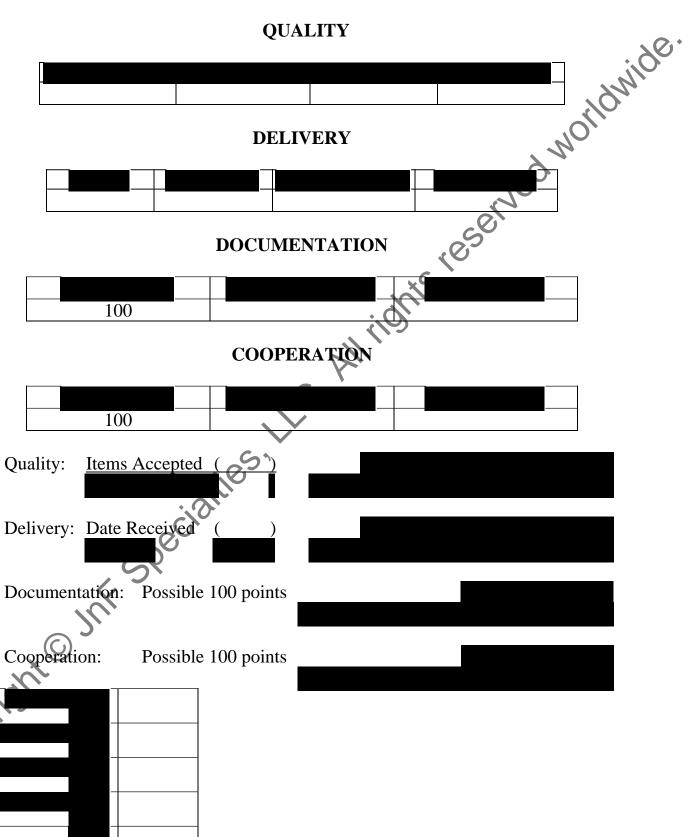
Job #: Perform	ance Reporting Dates:
Supplier:	
	OVERALL PERFORMANCE RATING Excellent Good Improvement Expected Improvement Required Weight % 100
Points (100 Max)	Weight %
Quality	100
Delivery	100
Documentation	100
Cooperation	100
Quality:	
Delivery:	
Documentation:	
Cooperation:	
Purchasing Agent	Date

Your Form# (mo/yr)

SUPPLIER RATING WORKSHEET

Supplier: P/N:

QUALITY

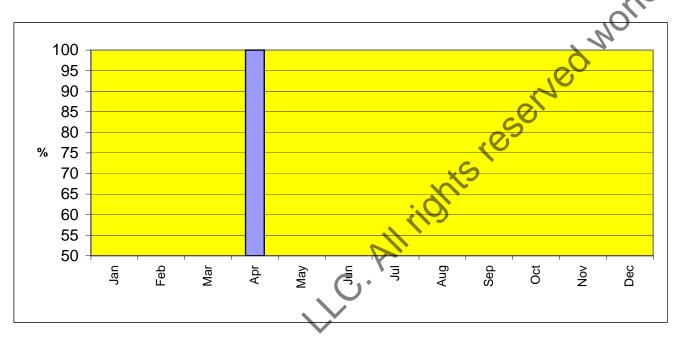


Supplier	r Over	all P	erforr	nance R	ating	
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Perception of Supplier Quality:						N
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					10	
					5	
Suppl	lier					
	Ou	ality	┼┋┼┋	+	┖┼┸┼┸	┦╫┼╫┼┼┼┼
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SUPPLIER PERFORMANCE RATING REPORT

Job #:	Performance Reporting Dates:
Supplier:	
Dear QC Manager,	
	pplier Report Card that indicates which includes
If you have any question	s, please call or email us.
Sincerely,	lights
(Your name)	- Ć·
Your Logo Business Name Address City, State, Zip Phone Fax Email	s, please call or email us. Specialities Specialities State of the special state of the sp
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Supplier Performance Rating



Supplier Number: # Quality Performance

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	
Rating %			0	100								
Pieces Received			5	5								
Pieces Accepted			0	J 5								

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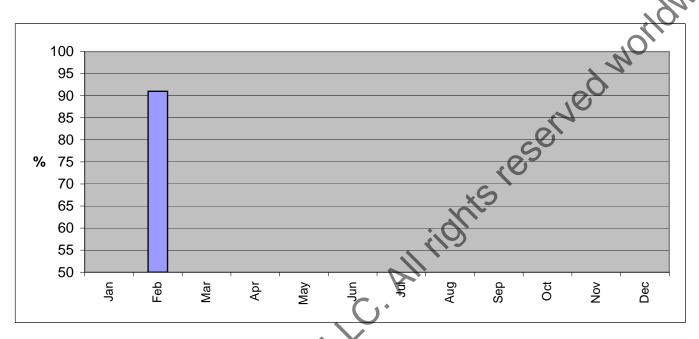
Performance Rating Standards

Gold -	
Silver -	
Bronze -	
Yellow -	
Red - <50%	(\mathcal{O})

Supplier Name:	(name)
Overall Rating %:	50

Your Company Name Address Phone Fax Email

Supplier Performance Rating



Supplier Number:	#
Supplier Nulliber.	#

Production Quality Performance

							,				
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Performance Report		91			2						
PDR Score		1			Ť						
PQR Score		.7									
PC Score		1		0.							
RFCA Score		1	(Q							

Performance Rating Standards

Gold Silver Bronze Yellow -

Supplier Name: (name)

Overall Rating %: 91

Your Company Name Address Phone Fax Email

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ISO 9001:2015 Quality Systems Assessment Origination Date: (Your Date) Abstract: This document is used to record observations and findings from auditing the quality management system.

(Your Logo) (Your Company Name)

CAGE: xxxxx

(Your Logo) ISO 9001 Quality Systems Assessment Form Rev: Orig

