



Supplier Quality System Survey

Supplier Name		Facility Address			
Contact Name		Phone		Title	

Quality management:

Is your company certified to be a Quality Management System (QMS)? Y No

If YES, which one? ISO 9001 ISO 17025 AS 9100 ISO/TS 16949

NADCAP AS 9120 Other _____

If YES, YOU DO NOT need to complete the survey below. Please send a copy of this filled document with your current certification or URL link if posted on your website.

Do you have a Quality Manual? (If "Yes", please send copy of table of contents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have written Operating Procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a review by management of the status of the Quality System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Document Control System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a program for reviewing Purchase Orders or Contracts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you control the production process?	Y <input type="checkbox"/>	<input type="checkbox"/>
Are there documents which show control parameters and results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is measurement equipment controlled and calibrated to a recognized standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is non-conforming material identified and segregated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Corrective Action procedure or program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are Internal Audits performed and reviewed by management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Continuous Improvement Program or process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Customer Satisfaction measured and monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "No" for any of these questions, you may explain here:

For IMS Use Only

Supplier is: Approved Not Approved Scope of Approval (Required):
 Try Out Status On Probation

(If try out, file objective evidence of the first order, test, or sample; otherwise, file certification in the same location as this document)

Remarks:

Supplier Approver: _____ Date: _____