



Vendor Management System Survey

Please provide the following information:

Company

Name: _____

Date _____

Address: _____

Contacts

Quality Representative

Please Print:

Phone: _____

Phone: _____

Website URL: _____

Email: _____

1. Do you have a management system certified to any of the following (check all that apply):

ISO 9001 *AS9100* *ISO TS 16949* *ISO 13485*
 TL9000 *ISO/IEC 17025* *Nadcap*

If you checked ANY OF THE ABOVE, you DO NOT have to complete the rest of this survey. Please, FORWARD TO US A COPY OF YOUR CURRENT CERTIFICATION.

2. If you did not acknowledge certification to any of the above management systems, are you compliant with any of these systems? Yes / No

If yes, please elaborate: _____

3. Does your organization review Purchase Orders (contracts) to ensure that you have the ability to satisfy the requirements, before acceptance? Yes / No

4. Does your organization have a system to ensure that all required documents/procedures are available and at the latest revision? Yes / No

How does your organization ensure the identification of product status throughout the production/servicing process? _____

8. Are key processes that can affect form, fit or function documented? Yes / No

9. Is final inspection performed to assure conformity with requirements? Yes / No

10. Are inspection records maintained? Yes / No

If yes, for how long? _____

11. Are sampling plans used in the final inspection process? Yes / No

If yes, describe plan, AQL or sample size _____



12. Is measurement equipment used to determine conformance under a calibration system? Yes / No
13. Is there a documented procedure for handling nonconforming product/processes? Yes / No
14. Is nonconforming identified and/or segregated to preclude shipping as conforming? Yes / No
15. Is there a documented corrective action procedure? Yes / No
16. Does the corrective action methodology include root cause analysis and action to prevent recurrence? Yes / No
17. Are periodic internal audits performed for all processes? Yes / No
18. Are there training records for all employees and temporary workers? Yes / No
19. As applicable, do you have experience working to Control Plans and with the Failure Mode and Effect Analysis (FMEA) process? Yes / No
20. As applicable, have you ever performed an AS9102 First Article Inspection? Yes / No
21. Is your organization registered to ITAR? Yes / No
22. Have all employees (and "temps") signed a confidentiality agreement? Yes / No
22. Can you provide us with two references that can attest to the quality of your work? Yes / No

Company Name: _____

Contact Name: _____

Phone: _____

Company Name: _____

Contact Name: _____

Phone: _____

Person completing this Survey:

Name: _____ Title: _____
Please Print

Thank you!