



## Vendor Management System Survey

Please provide the following information:

Company Name: \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

Contacts:  
 Quality Representative

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Website URL: \_\_\_\_\_

Email: \_\_\_\_\_

In order to ensure our customers that we are meeting applicable REACH/RoHS requirements, we are asking our suppliers to self-evaluate their facilities and complete the following questionnaire.

1. Do you use any of the following materials at your facility (Check all that apply)?

- Lead     Mercury     Cadmium     Chromium VI (Hexavalent Chromium/CR6+)
- Polybrominated Biphenyls (PBB)     Polybrominated Diphenyl Ether (PBDE)

*If you did NOT check any of the above, skip to Question 5.*

2. Do you have a RoHS program in place that includes segregation of non-compliant materials from other materials, and precludes cross-contamination with other materials?     Yes     No

3. Do you employ chemicals that are carcinogenic, mutagenic, toxic for reproduction, persistent or bio accumulative in the processing of products and/or materials for CCI?     Yes     No

4. Can you ensure materials/products/services purchased from your company will be free from any residual contamination from non-RoHS and/or non-REACH complaint substances?     Yes     No

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

- ISO 9001     AS9100     IATF 16949     ISO 13485     TL9000     ISO 17025     Nadcap

*If you checked ANY of the above, skip to Question 24.*

6. 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:* \_\_\_\_\_

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

If yes, Doc Name/Number/Rev \_\_\_\_\_

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

If yes, Doc Name/Number/Rev \_\_\_\_\_

9. Is product status identification maintained throughout the production process?     Yes     No

List applicable Doc Name/Number/Rev \_\_\_\_\_



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10. Are key processes that can affect form, fit or function documented?  Yes  No  
 If yes, Doc Name/Number/Rev \_\_\_\_\_
11. Is final inspection performed to assure conformity with requirements?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
12. Are inspection records maintained?  Yes  No *If yes, for how long?* \_\_\_\_\_
13. Are sampling plans used in the final inspection process?  Yes  No  
*If yes, describe plan, AQL or sample size:* \_\_\_\_\_
14. Is measurement equipment used to determine conformance under a calibration system?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
15. Is there a documented procedure for handling nonconforming product/processes?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
16. Is nonconforming identified and/or segregated to preclude shipping as conforming?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
17. Is there a documented corrective action procedure which includes root cause analysis and action to prevent recurrence?  
 Yes  No List applicable Doc Name/Number/Rev \_\_\_\_\_
18. Are periodic internal audits performed for all processes?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
19. Are there training records for all employees and temporary workers?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
20. As applicable, do you have experience working to Control Plans, PPAPs and FMEA?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
21. As applicable, have you ever performed an AS9102 First Article Inspection?  Yes  No  
 List applicable Doc Name/Number/Rev \_\_\_\_\_
22. Is your organization registered to ITAR?  Yes  No
23. Have all employees (and "temps") signed a confidentiality agreement?  Yes  No

***In signing below, I am attesting that the above is a true and accurate representation of my company and its practices:***

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please forward the completed survey and applicable certifications to [Lisa.Pittman@ctcoining.com](mailto:Lisa.Pittman@ctcoining.com) or fax to (203) 744-6797.**