SUPPLIER QUALITY SURVEY FORM

GENERAL SUPPLIER INFORMATION

Supplier Name	Street Address

City	State	Zip Code	Phone	Website

Description of Major Products, Processes or Capabilities

FOR VALCOR USE ONLY		
☐ Approved	☐ Disapproved	☐ Conditional

Scope and Expiration of Conditional Approval

Valcor Approvals

Signature by QA Director / Manager is REQUIRED.

Survey Type

- ☐ Self-Evaluation
- ☐ On-Site Evaluation (Valcor)
- ☐ On-Site Evaluation (3rd Party)

Supplier Classification

- ☐ Manufacturer
- ☐ Special Processor
- ☐ Distributor
- ☐ Other *(explain below)*

Company Type

- ☐ Corporation
- ☐ Partnership
- ☐ Individual

Square Footage
% Mfg Capacity Utilized

Security Clearance Required?		Established Since
☐ YES	☐ NO or N/A	

Key Supplier Personnel

President / Owner	Quality Manager
Sales Manager	**Production Manager**
Engineering Manager	**Other**

Employee Headcount

Total	Manufacturing	Engineering
Quality Control / Inspection	**Quality Assurance**	**Sales**

To whom does the Quality organization report to?

Is a current organization chart available?

☐ YES ☐ NO or N/A

Major Customers

Customer Name	Approval Date	Customer Name	Approval Date

QUALITY MANAGEMENT SYSTEM INFORMATION

Do you have a written quality manual?	Title of Quality Manual	
☐ YES ☐ NO or N/A	Revision and Date	

For suppliers with AS9100, ISO 9001, NADCAP, and/or ISO 17025 accreditations: complete the above sections only, and sign the bottom of this page. Include a copy of all certifications and a copy of the above referenced Quality Manual.
Suppliers without current accreditations MUST complete the Self-Evaluation Survey on pages 2 and 3.

SIGNATURE

I, as a representative of the supplier, submit this *Supplier Quality Survey Form* as being completed in accordance with all of our Quality Assurance procedures. I certify that all information is accurate and correct to the best of my knowledge.

Supplier Representative Name (Print)	Supplier Representative Signature	Date

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QUALITY MANAGEMENT SYSTEM INFORMATION

Does your Quality Management System comply with any of the following standards? Check all that apply.

☐ AS9100	☐ MIL-Q-9858A	☐ 10CFR50, Appendix B	☐ NADCAP
☐ ISO 9001	☐ MIL-I-45208A	☐ NQA-1	☐ ISO 17025
☐ ISO 13485	☐ MIL-STD-45662	☐ ANSI N45.2	☐ OTHER *(please specify below)*

If none of the above are applicable, describe your Quality Management System:

Special Processes

For each special process performed, list the processes and governing specifications and standards (AWS D17.1, J-STD-001, AMS 2700, etc.). Include supporting evidence that substantiates approval to perform that process.

Process	Specification(s)	Standard(s)	Expiration Date
Welding			
Soldering			
Plating			
Painting			
Surface Enhancement			
Finishing			
Other (please Specify)			

QUALITY MANAGEMENT SYSTEM SELF EVALUATION

1.0	MANUFACTURING CONTROL AND INSPECTION	YES	NO	N/A
A	Is there a defined and documented training program for inspectors & other personnel whose job function affects product quality?			
B	Are inspections documented and do records provide evidence of the following: Lot quantity, Level of inspection, result of inspection?			
C	Are incoming parts/material inspected to verify compliance to PO requirements?			
D	Are end products inspected/tested before delivery to customer?			
E	Does the program provide provision of material traceability where applicable?			
F	Do you use Statistical Process Control (SPC) to control major processes?			
G	Is sampling inspection utilized? Specify the sampling plan used: _____			
H	Does the program address retention time of inspection records? Specify time frame: _____			
I	Is software, when used in the manufacture and inspection of product, controlled?			
2.0	**CONTROL OF TEST & MEAUSREMENT EQUIPMENT (CALIBRATION)**	**YES**	**NO**	**N/A**
A	Is there a gauge calibration system?			
B	Do you allow the use of personal gauges?			
C	Are procedures in effect which describe the method and frequency of calibration?			
D	Is measuring and test equipment marked to indicate calibration status and when next calibration is due?			
E	Is adequate measuring equipment available to inspection for verifying conformance of supplies/materials?			
F	Is there an evaluation recall and notification procedure of hardware inspected by a gauge later found to be out of tolerance?			

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QUALITY MANAGEMENT SYSTEM SELF-EVALUATION *(continued)*

3.0	PROCUREMENT AND MATERIAL CONTROL	YES	NO	N/A
A	Are procurement sources controlled to assure that all procured material meets all imposed requirements?			
B	Is a list of approved sources maintained and periodically reviewed for status?			
C	Are certifications/test reports of purchased material required?			
D	Are processes in place to identify and prevent counterfeit material from entering the supply chain?			
4.0	**EVALUATION OF SUB-TIER SUPPLIERS**	**YES**	**NO**	**N/A**
A	Are the records of acceptable subcontractors such as an "Approved Supplier List" or other such document?			
B	Is there confirmation that the quality system controls are effective at the subcontractors?			
5.0	**DOCUMENT CONTROL**	**YES**	**NO**	**N/A**
A	Has a process been established to control all documents, data, and engineering drawing that relate to the purchase order, including to the extent applicable, external standards, and customer drawings?			
B	Is there a system for identification/ retrieval/ removal of obsolete documents from all points of issue or use?			
C	Are all inspection records being kept and maintained?			
6.0	**NONCONFORMANCES AND CORRECTIVE ACTION**	**YES**	**NO**	**N/A**
A	Is control established to prevent nonconforming material from inadvertent use?			
B	Does the Material Review Board consist of both Engineering and Quality Personnel?			
C	Is corrective action obtained on significant or repetitive non-conformance?			
D	Is customer authorization obtained before delivering items that deviate from contractual requirements?			
E	Do you perform Internal Audits?			
7.0	**PACKAGING, SHIPPING AND MATERIAL STORAGE**	**YES**	**NO**	**N/A**
A	Are procedures written controlling the preservation, packaging, and shipping processes?			
B	Do you maintain in-house or subcontracted packaging facility to meet special customer requirements?			
C	Is material with life, age or other limitations controlled and identifiable to the limitation and remaining usefulness?			
8.0	**HOUSEKEEPING AND SAFETY**	**YES**	**NO**	**N/A**
A	Do you enforce 6S?			
B	Are facilities equipped with automatic sprinkler system?			
C	Does facility have well marked and well located fire protection equipment?			
9.0	**DO YOU HAVE A GOVERNMENT INSPECTOR?**	**YES**	**NO**	**N/A**
A	Resident (On-Site)			
B	Itinerant (Traveling) Specify Agency Name:			