

Supplier Evaluation Form						
<b>Company Name</b>		<b>Contact Name</b>				
<b>Address</b>		<b>City, State, Zip</b>				
<b>Phone Number</b>		<b>Fax Number</b>				
<b>Supplier Type</b>	Raw Materials/Hardware Special Processor (Heat Treating, Plating, Etc) Service Provider Subcontractor Other _____					
<p><b>Quality Management System:</b>            Does your organization maintain an accredited quality management system (QMS)?    Yes    No</p> <p>Accreditation Type:    ISO 9001    AS9100    AS9120    NADCAP _____    Other _____</p> <p style="text-align: center;"><b><i>If yes, attach a current copy of your Certificate and skip the questionnaire below.</i></b></p>						
Quality Management System Questionnaire			Yes	No	N/A	
1	Do you have a documented quality management system?					
2	Do you allow customers to audit your facilities / processes?					
3	Do you have a documented nonconforming material control process?					
4	Do you have a documented corrective action process?					
5	Do you have a customer complaint process?					
6	Do you perform inspection on products or services and are records maintained?					
7	Are measuring and test equipment used to inspect product periodically calibrated?					
8	Do you retain records of quality activities?    How Long? ____ Years					
9	Do you perform internal audits on your internal processes?					
10	Are employees trained to perform work affecting product/service quality?					
<b>Supplier Representative</b>				<b>Date</b>		
Approval Status (completed by Company representative)						
<b>Risk Level</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>			
<b>Approval Status</b>	<b>Accept Supplier</b>	<b>Reject Supplier</b>				

Approval Authority		Date	
<b>Comments and/or Re-approvals:</b>			