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| **Supplier Evaluation Form** |
| **Company Name** |       | **Contact Name** |       |
| **Address** |       | **City, State, Zip** |       |
| **Phone Number** |       | **Fax Number** |       |
| **Supplier Type** | [ ]  Raw Materials/Hardware[ ]  Special Processer (Heat Treating, Plating, Etc)[ ]  Service Provider[ ]  Subcontractor[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Quality Management System:**Does your organization maintain an accredited quality management system (QMS)? [ ]  Yes [ ]  NoQMS Type: [ ]  ISO 9001 [ ]  AS9100 [ ]  AS9120 [ ]  NADCAP \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other \_*\_\_\_\_\_\_\_\_\_\_\_\_\_****If yes, attach a current copy of your Certificate and skip the questionnaire below.*** |
| **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? | [ ]  | [ ]  | [ ]  |
| ***Supplier Representative*** |  | ***Date*** |       |
| **Approval Status** (completed by Company representative) |
| **Risk Level** |  **[ ]  Low [ ]  Medium [ ]  High**  |
| **Approval Status** |  **[ ]  Accept Supplier** **[ ]  Reject Supplier**  |
| **Approval Authority** |       | **Date** |       |
| **Comments and/or Re-approvals:**  |