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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  No  QMS 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:** | | | | | | | | | | |