

Supplier Quality Questionnaire

Section A: General Information

Supplier Name:		Address:	
Phone Number:		FAX Number:	
E-Mail Address:		Website Address:	
Years in Business:		Years at Current Location:	
Primary Product(s) Service(s):			
Percent Military:		Percent Commercial:	

Section B: Quality / Management Contact Information

Quality Contact Name:		Title:	
Phone Number:		FAX Number:	
E-Mail Address:			
Senior Management Contact Name:		Title:	
Phone Number:		FAX Number:	
E-Mail Address:			

Section C: Facilities Information

Facility Location(s):	
Facility(ies) to Support TRI:	
Total Employees:	

Section D: Equipment & Capabilities

Summarize Inspection / Verification / Test Equipment	
Summarize Proactive Activities such as Statistical Process Control (SPC), Failure Modes and Effects Analysis (FMEA's), Process Control Plans, etc.	
If Currently not Developed, are You Open to the Development of Proactive Activities as Noted Above?	

Section E: Quality System

Quality Manual?		Quality Manual IAW Specification(s):	
ISO9001:2000 Certified?		Certified By?	Date Certification Expires?
SAE AS9100 rev B Certified?		Certified By?	Date Certification Expires?
Other Certification(s)?		NADCAP?	
Describe Training Program:			
What are Your Organization's Quality Objectives?			
List Customers with Whom You have Achieved Certified Status:			

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Describe your System for Material Traceability:							
Is Your Organization Willing to Support Becoming a Certified Supplier to Teledyne Reynolds, Inc?							
Section F: Teledyne Reynolds, Inc. Review							
Date Received		Approved		Not Approved		Additional Action(s) Required?	
Comments							
Reviewed By			Title			Date	
Date Entered Into AVL			Additional Comments				