

## Supplier Quality Questionnaire

Supplier Name				Ado	dress						
Phone Number				FA	FAX Number						
E-Mail Address					We	Website Address					
Years in Business						Years at Current Location					
Primary Product(s) Service(s)											
Percent Military	Percent Commercial					Percent Other (Specify)					
Total Employees						Quality Employees					
Quality Contact Name						Title					
Phone Number						FAX Number					
E-Mail Address											
Senior Management Contact Name					Tit	Title					
Phone Number					FA	AX Number					
E-Mail Address											
Quality Manual?						Quality Manual IAW Specification(s)					
ISO9001:2015 Certified?	Certified By			By?					Date C Expire	Certification	
SAE AS9100 Rev D Certified?	Certified			By?					Date C Expire	Certification	
Other Certification(s)?								NADC	AP?		
What are your organization's Quality Objectives & Policy?											
Describe your System for Material Traceability											
How does your organization review customer flow down requirements and how do you flow down customer requirements to your suppliers as applicable?											
Does your organization have a counterfeit parts policy and detection procedure? Do you perform any internal or independent lab material testing?											
How does your organization control material and process changes & its documentation											
Identify Location of Manufacturing Site											



## Supplier Quality Questionnaire

Summarize Inspection / Verification / Test Equipment										
Do you perform First Article Inspection when a design, material or process change is made that affects form, fit or function ?										
Equipment Calibra used						_	_			
Length of Record Retention										
Describe internal/external Training Program provided										
Summarize what M for Process Improv Preventive Action Implementation.										
List Customers wit have Achieved Cer										
Questionnaire Completed By					Title			Date		
Plea	ise include (	copies of cu	rrent	certificat	tions a	along with con	npleted qu	uestionn	aire!	
		Tel	edyr	ne Reync	olds, I	nc. Review				
Date Received	Date Received		Approved Not Approve		d	Additional Action(s) Required?				
Comments										
Quality Reviewed By						<b>Fitle</b>				
Purchasing Reviewed By								Date		
Date Entered Vendor ID Code int MRP System by Purchasing	to	Entered By				Additional Comments				
Date Entered into AVL in TipQA by Quality		Supplier Classificatio	on			Additional Comments				