

## VENDOR SURVEY FORM

VENDOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ Fax: \_\_\_\_\_  
QUALITY REP: \_\_\_\_\_ Title: \_\_\_\_\_

SECTION I: VENDORS FACILITIES INFORMATION
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- A. APPROXIMATE NUMBER OF SQUARE FEET: \_\_\_\_\_
- B. NUMBER OF PRODUCTION EMPLOYEES: \_\_\_\_\_
- C. NUMBER OF QUALITY PERSONNEL: \_\_\_\_\_
- D. NORMAL OPERATING HOURS (DAYS/HOURS/SHIFTS): \_\_\_\_\_
- E. TYPE OF SERVICE/BUSINESS YOUR COMPANY PERFORMS: \_\_\_\_\_  
(I.E: PLATING, PAINTING, MACHINING, N.D.T., ETC.)
- F. DO YOU HAVE ADEQUATE EQUIPMENT IN HOUSE TO PERFORM/INSPECT SERVICES REQUESTED PER ACCURATE TECHNOLOGY'S ORDERS? \_\_\_\_\_

SECTION II: VENDORS QUALITY SYSTEM INFORMATION
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YES	NO	N/A
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- A. WHAT TYPE OF Q.A SYSTEM DO YOU HAVE IN PLACE?

\_\_\_\_\_ BOEING D1-9000  
\_\_\_\_\_ ISO 9000 TYPE: \_\_\_\_\_  
\_\_\_\_\_ ARD 9000  
\_\_\_\_\_ OTHER TYPE: \_\_\_\_\_

- B. DO YOU HAVE A QUALITY MANUAL? (IF YES REV. LEVEL: \_\_\_\_\_)

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- C. DO YOU HAVE A CALIBRATION SYSEMT IN-HOUSE?

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C-1. IF OUTSIDE SOURCE IS USED, NAME OF CALIBRATION SOURCE: \_\_\_\_\_

C-2. ARE CALIBRATION CERTS TRACEABLE TO NATIONAL INSTITUTE OF STANDARDS (NIST)?

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C-3. DOES THE CALIBRATION SYSTEM CONFORM TO ANSI/NCSL Z540-1 OR ISO 10012-1?

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SECTION II: VENDORS QUALITY SYSTEM INFORMATION CONT.	YES	NO	N/A
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E. HOW LONG ARE RECORDS MAINTAINED? \_\_\_\_\_

E-1. DO YOU USE SHOP TRAVELERS?

E-2. IS THERE AN INSPECTION BUY-OFF ON THE TRAVELER?


F. ARE ISPECTION STAMPS USED AND CONTROLLED?

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G. DO YOU HAVE AN INTERNAL AUDIT PROGRAM?

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H. DO YOU HAVE A SYSTEM TO IDENTIFY NON-CONFORMING MATERIAL?

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SECTION III: DATA TO BE PROVIDED TO ACCURATE TECHNOLOGY BY VENDOR
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A. PLEASE PROVIDE A COPY OF ANY CURRENT CERTIFICATIONS ISSUED TO YOUR FACILITY TO ASSIST ACCURATE TECHNOLOGY IN THE ASSESMENT OF YOUR QUALITY SYSTEM.

SURVEY COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION IV: THIS SECTION TO BE COMPLETED BY ACCURATE TECHNOLOGY ONLY
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A. METHOD OF SURVEY:

\_\_\_\_\_ ON-SITE VISIT

\_\_\_\_\_ MAIL/FAX SURVEY – DATE MAILED/FAXED: \_\_\_\_\_

B. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

C. SURVEY PERFORMED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

D. APPROVAL EXTENDED UNTIL: \_\_\_\_\_

TYPE OF SUPPLIER
APPROVED
NOT APPROVED

RAW MATERIAL SUPPLIER

SPECIAL PROCESSES

NDT/INSPECTION

DISTRIBUTOR

OTHER \_\_\_\_\_

