

**VENDOR SURVEY FORM**

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

**SECTION I: VENDORS FACILITIES INFORMATION**

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**

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 SYSTEM IN-HOUSE?

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? 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F. ARE INSPECTION STAMPS USED AND CONTROLLED? 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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G. DO YOU HAVE AN INTERNAL AUDIT PROGRAM? 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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H. DO YOU HAVE A SYSTEM TO IDENTIFY NON-CONFORMING  
MATERIAL? 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 SUPPLIERRAW MATERIAL SUPPLIER  
SPECIAL PROCESSES  
NDT/INSPECTION  
DISTRIBUTOR  
OTHER \_\_\_\_\_APPROVED

<input type="checkbox"/>

NOT APPROVED

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>