

### Supplier Quality System Survey

Supplier Name		Facility Address			
Contact Name		Phone		Title	

**Quality management:**

Is your company certified to a Quality Management System (QMS)?      **Yes**       **No**

**If YES**, which one?     ISO 9001       ISO 17025       AS 9100       ISO/TS 16949

NADCAP       AS 9120       Other \_\_\_\_\_

**If YES, YOU DO NOT need to complete the survey below. Please send a copy of this filled document with your current certification or URL link if posted on your website.**

Do you have a Quality Manual? (If "Yes", please send copy of table of contents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have written Operating Procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a review by management of the status of the Quality System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Document Control System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a program for reviewing Purchase Orders or Contracts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you control production process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there documents which show control parameters and results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is measurement equipment controlled and calibrated to a recognized standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is non-conforming material identified and segregated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Corrective Action procedure or program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are Internal Audits performed and reviewed by management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Continuous Improvement Program or process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Customer Satisfaction measured and monitored?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "No" for any of these questions, you may explain here:

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**For IMS Use Only**

Supplier is:     Approved       Not Approved      Scope of Approval (Required):  
                    Try Out Status     On Probation

(If try out, file objective evidence of the first order, test, or sample; otherwise file certification in the same location as this document)

Remarks:

Supplier Approver: \_\_\_\_\_ Date: \_\_\_\_\_