

VENDOR SURVEY

Date of survey:

Page #

1

Please return completed form to:

Correct Tool, Inc.
 Quality Assurance Department
 869 Fairway Drive, Bensenville, IL 60106
 Attention: Quality Department
 Fax: 630-595-9341
 Email: RStraczek@correcttoolusa.com

[Note: All answers to the following questions should pertain to this plant site only.]

Company name:	Web address:
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Manufacturing address:

City:	State/Prov.:	Postal/Zip Code:
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Country:	Phone:	Fax:
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Senior Quality Person:	Phone:	Email:	
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Senior Company Official	Phone:	Email:	
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Quality Person filling out this form	Phone:	Email:	
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Principal product or service

Is your company an approved source of any other aerospace companies?	Yes: <small>Check box</small>	No: <small>Check box</small>
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If yes, list:

FACILITY INFORMATION:

Number of buildings:	
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Total mfg. area (sq. ft.):	
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Total number of employees:	
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Total number of mfg. employees:	
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Total number of Q.A. employees:	
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VENDOR SURVEY

QUALITY SYSTEM:

Does your Quality System conform to:	ISO, AS9100, QS or any other independently audited quality system?	CIRCLE ONE		WRITE BELOW, YOUR INDEPENDENTLY AUDITED QUALITY SYSTEM
		Yes	No	
CERTIFICATION NUMBER	EXPIRATION DATE	SIGNATURE		DATE

IF YOUR QUALITY SYSTEM IS AUDITED AND CERTIFIED TO ISO or AS or QS, PLEASE WRITE IN YOUR CERTIFICATION NUMBER. IN THIS CASE, THIS VENDOR SURVEY IS COMPLETE. YOU DO NOT NEED TO FILL OUT THE REST OF THIS DOCUMENT.

PLEASE SEND WITH THIS COMPLETED SURVEY: A COPY OF YOUR CERTIFICATE AND A LIST OF MANUFACTURING EQUIPMENT

Does your company have a Quality Assurance Manual?	Yes:	Check box		No:	Check box		N/A	Check box
Does your company define and document quality policy, objectives, and commitment to quality?	Yes:	Check box		No:	Check box		N/A	Check box
If yes, is the quality policy understood, implemented, and maintained?	Yes:	Check box		No:	Check box		N/A	Check box
Does your company define and document responsibility, authority, and personnel who manage, perform, and verify work affecting quality?	Yes:	Check box		No:	Check box		N/A	Check box
Is there a management review of the quality system at defined intervals to ensure suitability and effectiveness and is a record kept of these reviews?	Yes:	Check box		No:	Check box		N/A	Check box
Does your company review all purchase orders and contracts for Q.A. requirements prior to acceptance?	Yes:	Check box		No:	Check box		N/A	Check box
Are purchase orders and contracts checked by Quality Control?	Yes:	Check box		No:	Check box		N/A	Check box

DESIGN / ENGINEERING

Are procedures established to control and verify design of the product?	Yes:	Check box		No:	Check box		N/A	Check box
Is design validation performed to ensure product conforms to defined requirements?	Yes:	Check box		No:	Check box		N/A	Check box
Are all designs reviewed, documented, and approved by authorized personnel prior to implementation?	Yes:	Check box		No:	Check box		N/A	Check box

DOCUMENT AND DATA CONTROL

Are documents such as drawings, specifications, procedures, and Q.A. forms controlled?	Yes:	Check box		No:	Check box		N/A	Check box
Are there written procedures describing drawing and change control?	Yes:	Check box		No:	Check box		N/A	Check box
Are records of changes documented and maintained?	Yes:	Check box		No:	Check box		N/A	Check box
Are obsolete drawings removed from work areas?	Yes:	Check box		No:	Check box		N/A	Check box

VENDOR SURVEY

QUALITY SYSTEM:

PURCHASING PROCEDURE

Does your company approve suppliers or subcontractors?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there a list of approved suppliers?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

CONTROL OF CUSTOMER-SUPPLIED PRODUCT

Are procedures established and maintained for verification, storage, and maintenance of customer-supplied product?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is customer-supplied material identified and used only for its intended purpose?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company maintain records and report to the customer any lost, damaged, or unsuitable product furnished by the customer?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

PRODUCT IDENTIFICATION AND TRACEABILITY

Does your company maintain a system for material and part identification?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are shop orders, travelers, work instructions, etc., used during manufacturing?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
When applicable, does your company maintain raw material and component traceability?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

PROCESS CONTROL

Are written process procedures available and used by processing personnel?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are written process inspection instructions available and used by inspection personnel?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company maintain a list of manufacturing equipment?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are obsolete drawings removed from work areas	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

INSPECTION AND TESTING

Does your company develop and follow inspection and test plans?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are all incoming raw materials, parts, and assemblies inspected for conformance to the applicable physical, chemical, and technical requirements using laboratory analysis as necessary?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is rejected material tagged and segregated?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company perform in-process inspection?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

VENDOR SURVEY

QUALITY SYSTEM:

INSPECTION AND TESTING ... continued

Are final inspection and tests performed on completed items prior to submitting to the customer?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are first article inspections performed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company have written inspection instructions which outline the method to be used for inspecting test materials, work-in-progress, and completed articles?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are criteria for approval and rejection of the product included in these instructions?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are inspection stamps used?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

CONTROL OF INSPECTION, MEASUREMENT, AND TEST EQUIPMENT

Does your company maintain a system for periodic calibration of inspection, measuring, test equipment?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are calibrations traceable to N.I.S.T.?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is equipment identified as to due date for next calibration?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are employee-owned inspection devices included in the calibration system?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

INSPECTION AND TEST STATUS

Does your company maintain a system for identifying and maintaining the inspection and test/conformance status of product throughout processing to ensure only conforming/authorized deviation material is shipped?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
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CONTROL OF NON-CONFORMING MATERIAL

Are unapproved and/or uncertified materials or supplies segregated from those approved & certified?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is nonconforming material identified and removed from normal work areas?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are holding areas for non-conforming material available and used?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	<input type="checkbox"/>
Are there procedures for controlling nonconforming material?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are records maintained of all nonconformities?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

VENDOR SURVEY

QUALITY SYSTEM:

CORRECTIVE AND PREVENTIVE ACTION

Does your company have a formal corrective action program?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there a system established for processing customer rejects?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your system apply to both in-plant and purchased discrepant material?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

HANDLING, STORAGE AND PRESERVATION, PACKAGING, AND DELIVERY

Are there adequate work and inspection instructions for handling, storage, and delivery of material?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company have a system of control to prevent unauthorized release of material or parts?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are inspections performed during packaging and prior to shipping?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

QUALITY RECORDS

Does your company maintain current, complete, and accurate records of quality data, including all inspection records generated?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are files generated which contain physical and chemical test reports and/or certification of compliance for raw materials?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

How long are these records maintained on file?

Do inspection/test records indicate the following:

(a) Nature and number of observations made	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
(b) Number and type of deficiencies found	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
(c) Quantities approved and rejected	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
(d) Nature of corrective action	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

INTERNAL QUALITY AUDITS

Does your company maintain a quality audit program?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes to the previous question, are audit checklists used?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the effectiveness of corrective action reviewed?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

VENDOR SURVEY

QUALITY SYSTEM:

TRAINING

Does your company identify the skills needed for each job?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are people in each job qualified on the basis of education, experience, and training?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Does your company maintain a formalized quality orientation, training and certification program?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are records kept of all training?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

PROCEDURE FOR SERVICING

Does your company define and document how customer complaints and/or requests for technical assistance are recorded and responded to?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there documented procedures for the processing of return units for repair, upgrades, overstock, etc.?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

STATISTICAL TECHNIQUES

Does your company employ SQC and/or SPC techniques?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
Is inspection performed by sampling?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes to the above question, what sampling method is used ...			
and, do personnel have instructions for performing sampling inspection?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A <input type="checkbox"/>

Please explain any N/A responses and add any comments you feel will help with our assessment:

This form can be completed by the vendor / or / by an on site or telephone interview by the Correct Tool quality personnel.

Name of vendor representative	Signature required only if this form is completed by vendor.	Title	Reviewed by / or / interviewed by: (Name of Correct Tool Quality representative).	Note: Enter the survey expiration date on the Correct Tool issued purchase order.
			Completed only by Correct Tool quality personnel:	