



Supplier/Subcontractor Quality Survey

Supplier Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Supplier Quality Representative: _____

1. Type of Business:

Manufacturer
 Distributor
 Painter
 Processor
 Other _____

2. Number of years in business? _____ 3. How many days in a week are you open? _____

4. How many shifts do you operate? _____ 5. What are your typical lead times? _____

6. Do you use DPD for acceptance of products? Yes No N/A

6a. If so, do you have configuration control of Digital Data? Yes No

7. Does your company maintain an effective export compliance Program? Yes No N/A

8. Does your company employ non-U.S. persons? Yes No

9. Is your company registered with the U.S. Department of State? Yes No N/A

10. Is your company registered to AS9100/ISO 9001: Yes No

Registrar: _____

10a. Date Initially Registered: _____

Certificate/Registration Number: _____

If your company is currently registered to AS9100 / ISO 9001,
**Please complete section 10a., sign and date bottom of 2nd
 page and attach a copy of your certificate to this evaluation form.**

It **is not** necessary to complete the remaining sections of this evaluation form.

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 11. Is there a quality manual that defines your quality system? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Does your program for calibration of inspection measuring and test equipment conform to the requirements of ISO 9001 or equivalent? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Can you submit certifications on selected product/processes if requested? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Is there a system in place that controls the use and maintenance of inspection stamps? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are periodic quality reports prepared and issued relative to part acceptance/rejection and disposition? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. Does receiving inspection check incoming shipments to the requirements of the purchase order, referenced specification and applicable drawings? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. Do you have a program for assuring that your suppliers/subcontractors have an adequate quality assurance program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you have a documented system for handling non-conforming product/materials? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. Is there a corrective action system to prevent repetitive discrepancies? | <input type="checkbox"/> | <input type="checkbox"/> | |



Yes No

- 20. Are all inspections and tests documented and kept on file?
- 21. May we or our customer visit your facility for scheduled audits and/or on-site product inspections?
- 22. Do you have a documented method for handling returned/reworked parts?
- 23. Who will respond to our corrective action requests?

24. What is that person's authority?

Comments:

Survey Completed By: _____ Date: _____
 Please Print Name

Sign Here: _____

Thank you for your time.

Please E-mail, Mail or Fax to:
Jeanette Sicklovan
 Quality Management System Coordinator

Diversified Industrial Services
 13008 Beverly Park Road. Mukilteo, WA 98275
 Fax: (425) 355-1261
jsicklovan@divind.com
www.godiversified.com

To be completed by **Diversified**

Purchasing: Will subcontracted services be requested through this supplier? Yes <input type="checkbox"/> No <input type="checkbox"/> Initial: _____	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Status _____
Reviewed By: _____ Date: _____ Approved? <input type="checkbox"/> <input type="checkbox"/>	