



Supplier Quality Survey

Company _____ Date _____

Address _____ Phone _____

_____ Fax _____

Type of Product to be Supplied _____

Supplier Contacts: _____

Quality Manager _____ E-Mail: _____

Cert No.: AS9100 _____

Cert No: NADCAP _____

Complete the lower section if AS9100 Cert. No. is not provided.

	Yes	No	N/A
1. Is there a formal Quality Manual that documents the Quality System to a specified standard? Which Standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Quality Manual approved by Company/ Quality management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there evidence of periodic review of the Quality Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a list of assigned Quality Manuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are Quality responsibilities clearly defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there documented procedures in place for Customer Contract/ Purchase Order review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there procedures in place for Design Review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are company Quality documents controlled so that only currently released documents are available where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are Supplier documents controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there a list of approved Suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a method of approving Suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there documented procedures in place for Purchase Requisition / Purchase Order review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is product and material identified and controlled from receipt through the manufacturing cycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is non-conforming material clearly identified and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there documented methods in place to verify and approve new process or modify existing processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Supplier Quality Survey

	Yes	No	N/A
16. Are inspections and tests methods clearly defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the quality organization have clear reporting authority to company management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are contractual requirements for inspection and test flowed down to work instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there a documented calibration system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.. Does the calibration recall system specify calibration intervals and allow for adjustments of the intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is there a documented method for recalling product that was inspected/ tested by equipment found to be out of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are there work instructions that clearly define the sequence of operations and processes required to perform the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is there a documented system for requesting corrective action that includes follow up activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are there documented procedures for handling, packaging and preservation of raw materials, work in process and finished goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the Quality system regularly audited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are there job descriptions in place that clearly define each position and training requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are Statistical Techniques employed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. If statistical techniques are employed, is the program clearly defined and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return to:
 Space Vector Corporation – Attn: Quality
 20520 Nordhoff Street, Chatsworth, Ca. 91311-6113
 Phone: (818) 734-2600 Fax (818) 428-6249
 Email: pbrown@spacevector.com

For Space Vector Use:

Reviewed By: _____ Title _____ Date _____

Approved: Not Approved: Conditional Approval:

Comments:
