optimanufacturing

VENDOR EVALUATION REPORT

NOTES

1. **Vendor approval applies to the location identified below. All locations that apply to the scope of the business must be identified and included as a part of this survey.**

2. **Pre-prepared surveys may be acceptable provided the content meets or exceeds the intent of this survey. Pages 1 and 2 of this survey must be completed and included (If your company is ISO, AS, or NADCAP registered, Station certificated identify the Authorized Representative appropriately on page 2, and supply a copy of the registration certificate(s), Ops Sheets and capabilities/limitations lists).**

Due Date:	**Date Form Completed:**
Supplier Name:	**Type of Business:** ☐ Manufacturer ☐ Service ☐ Distributor ☐ Other: _____
Vendor Address:	
Phone: _____	**Fax:** _____
Website: _____	
Facility Area: _____ sq.	**Production Area:** _____ sq.
Administration Area: _____ sq.	**Qc Area:** _____ sq.
Total Personnel: _____	**Quality Personnel:** _____ **Manufacturing Personnel:** _____
Organization Head: _____ **Title:** _____ **Who does the quality Manager report to?** _____ **Title:** _____	
Product/Item/Service Description: ☐ Manufacturing Parts ☐ Electronic Parts ☐ Special Process ☐ Calibration ☐ Equipment/Tools ☐ Other: _____	
Is the Company a division or subsidiary of another corporation? ☐ No ☐ Yes: _____	
POC:	**TITLE:**

Phone:	**Fax:**	**E-Mail:**

KEY MANAGEMENT PERSONNEL

Name:	**Title:**	**Email:**
Name:	**Title:**	**Email:**
Name:	**Title:**	**Email:**
Name:	**Title:**	**Email:**

QUALITY MANUAL INFORMATION

Do you have a Quality Control Manual?	
List latest manual revision:	**List latest revision date:**

Which of the following programs is your manual approved by? (X in appropriate block :

FAR 145.45: ☐	**FAR 21.303:** ☐	**EASA-145:** ☐	**Mil-Q-9858A:** ☐
Mil-I-45208: ☐	**ISO 9000:** ☐	**AS 9100:** ☐	**DOT Canada:** ☐
NADCAP: ☐	**C.A.S.E.:** ☐	**Other:**	**Specify:**

Do you have Government Quality Control surveillance?	**If yes, what Government**

Agency:
Address:

Does your company supply to the U.S. Government?	**Yes**	**No**

CALIBRATION

ISO/IEC 17025: ☐	**MIL-STD-45662:** ☐	**MIL-S-008879:** ☐	☐ **ISO 10012-1:**
ANSI/NCSL Z540-1: ☐	**QD-4000:** ☐	**MIL-T-21309:** ☐	☐ **ANSI/ASME B1.2:**
ANSI/NCSL Z540.3: ☐	**MIL-P-7105:** ☐	**Other:**	**Specify:**

Are you currently approved by any of the following aerospace companies? (X in appropriate box)

BOEING: ☐	**McDonnell DOUGLAS:** ☐	**GENERAL ELECTRIC:** ☐
SIKORSKY: ☐	**ALLIED-SIGNAL:** ☐	**AGUSTA:** ☐
AMERICAN EUROCOPTER: ☐	**RAYTHEON:** ☐	**OTHER:** _____

Review of the *OPTI Manufacturing Corp.* Purchase Order Terms and Conditions (Yes or No)	

	YES	NO	N/A
Does your company have a documented Quality Policy?			
Does your company have a Quality Manual?			
If yes, is the manual available on request?			
Is the Quality Manual controlled?			
Is the quality system subject to internal audits?			
If yes, are records maintained and available for review?			
Are procedures and work instruction published and utilized?			
Does your company have procedures to ensure all products purchased for use into your product or service conforms to the applicable regulatory requirements?			
Do your purchase orders clearly state that all such products require certification back to the OEM?			
Are incoming products verified to the requirements of the P.O.?			
Is product identification and traceability maintained at all times within your facility?			
Are individual product lots kept separate?			
Is there Receiving-Inspection activity at this facility?			
Are receiving inspection records retained on file?			
How long?			
Is there In-Process Inspections activity at this facility?			
Are In-Process Inspections records retained on file?			
How long?			
Is there Final-Inspection activity at this facility?			
Are Final-Inspection records retained on file?			
How long?			
Does your company have procedures in place for adequate inspection and testing to ensure the quality of the product/service?			
Are procedures in place for the proper control, handling, storage, and monitoring of limited life items?			
Are special storage environments used to prevent premature deterioration of limited life items?			
Are rubber and synthetic rubber/elastomer materials stored to prevent exposure to circulating air, sunlight, fuel, oil, water, dust or temperatures above 100 degrees F?			
Do you have a corrective action system to correct any deficiencies which have resulted or could result in non-conforming products, materials or services being supplied?			

	YES	NO	N/A
Do you have a system for tracking customer complaints?			
Do all quality inspectors have inspection stamps?			
Is there a procedure covering the control of quality stamps?			
Are procedures in place to prevent the use of non-conforming material and products?			
Are Cause/Corrective Action statements required for all non-conforming material?			
Are non-conforming material control documents retained on file?			
Are all non-conforming products recorded?			
Are all measuring and test equipment controlled and calibrated?			
Are records available to provide history of calibration equipment?			
Are calibration standards & records traceable to Nation standards?			
State which specification your calibration system is compliant to:			
Is all personal calibration equipment calibrated to the same standards as the company equipment?			
Are records maintained on personal equipment?			
Does calibration equipment carry identification for calibration for calibration interval, due date & serialization?			
Is calibration activity conducted in-house?			
Or is it out-sourced?			
Are work instructions utilized for each job?			
Are the completed job packages retain on file?			
How long?			
Is there a procedure for selection of suppliers?			
Are your suppliers monitored for performance?			
Is certified raw material verified for compliance?			
Are the material certifications retained on file?			
How long?			
Is the raw material stored in a secure, segregated area?			
Is there a procedure for design control, specification control, and document revision control?			
Are such documents adequately stored and maintained?			
Is technical data controlled and disbursed from a central location?			
Is proper documentation regarding interchangeable part numbers from the manufacturer supplied with all alternate part numbers?			

	YES	NO	N/A
Do you have a training program with annual recurring training?			

Do you maintain training records on all personnel?			

Do you have an Anti-Drug Program?			
Do you have an Alcohol Misuse Program?			
Do you have an Anti-Drug Program Manager assigned?			
Do you have an Employee Assistance Program Manager assigned?			

AUTHORIZED PERSON COMPLETING SURVEY

NAME:		**TITLE:**	
SIGNATURE:		**DATE:**	

COMMENTS:

ONLY for OPTI Manufacturing Corp.

☐ INITIAL ☐ ON SITE ☐ ANNUAL

Approval Level
☐ Unlimited ☐ Limited: _____ ☐ Conditional: _____ ☐ Disapproved: _____
Approval for: **Product:** _____ **Service:** _____ **Specification:** _____
Approved By: _____ **Date:** _____

Explanations: (Use separate sheet if necessary)
