

## 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: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service <input type="checkbox"/> Distributor <input type="checkbox"/> 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: <input type="checkbox"/> Manufacturing Parts <input type="checkbox"/> Electronic Parts <input type="checkbox"/> Special Process <input type="checkbox"/> Calibration <input type="checkbox"/> Equipment/Tools <input type="checkbox"/> Other: _____			
Is the Company a division or subsidiary of another corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____			
POC: _____		TITLE: _____	
Phone: _____	Fax: _____	E-Mail: _____	

## VENDOR EVALUATION REPORT

### KEY MANAGEMENT PERSONNEL

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: <input type="checkbox"/>	FAR 21.303: <input type="checkbox"/>	EASA-145: <input type="checkbox"/>	Mil-Q-9858A: <input type="checkbox"/>
Mil-I-45208: <input type="checkbox"/>	ISO 9000: <input type="checkbox"/>	AS 9100: <input type="checkbox"/>	DOT Canada: <input type="checkbox"/>
NADCAP: <input type="checkbox"/>	C.A.S.E.: <input type="checkbox"/>	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: <input type="checkbox"/>	MIL-STD-45662: <input type="checkbox"/>	MIL-S-008879: <input type="checkbox"/>	<input type="checkbox"/> ISO 10012-1:
ANSI/NCSL Z540-1: <input type="checkbox"/>	QD-4000: <input type="checkbox"/>	MIL-T-21309: <input type="checkbox"/>	<input type="checkbox"/> ANSI/ASME B1.2:
ANSI/NCSL Z540.3: <input type="checkbox"/>	MIL-P-7105: <input type="checkbox"/>	Other:	Specify:

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

BOEING: <input type="checkbox"/>	McDonnell DOUGLAS: <input type="checkbox"/>	GENERAL ELECTRIC: <input type="checkbox"/>
SIKORSKY: <input type="checkbox"/>	ALLIED-SIGNAL: <input type="checkbox"/>	AGUSTA: <input type="checkbox"/>
AMERICAN EUROCOPTER: <input type="checkbox"/>	RAYTHEON: <input type="checkbox"/>	OTHER: _____

Review of the <i>OPTI Manufacturing Corp.</i> Purchase Order Terms and Conditions (Yes or No)	
---	--

## VENDOR EVALUATION REPORT

	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?			

## VENDOR EVALUATION REPORT

	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?			

## VENDOR EVALUATION REPORT

	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:**

