

The purpose of this survey is to obtain data on your company's quality control methods and inspection capabilities. This information will provide a basis for our evaluation of your quality system and facility. PFC must have this form on file to retain your company on our approved supplier list.

This supplier survey is to be completed and returned via email to purchasing@precweb.com or via fax at 321-635-2040.

If you have questions regarding completion of this survey, contact PFC's quality manager at 321-635-2000 or at quality@precweb.com.

SUPPLIER / PROVIDER IDENTIFICATION		
Complete Name of Facility:		
Division Name (if appl.):		
Facility Address:		
City, State, Zip:		
Mailing Address:		
City State, Zip:		
Website:	Phone:	
Years in Business:	Fax:	
Number of Employees:	Number of Quality Employees:	
Principle Products / Services:		

POINTS OF CONTACT				
	VP / Production Manager:	Quality Manager:	Sales:	Purchasing:
Name:				
Phone:				
Email:				

SUPPLIER TYPE (check all that apply)		
<input type="checkbox"/> Design	<input type="checkbox"/> Distributor	<input type="checkbox"/> Commercial Off-The-Shelf (COTS)
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Build to Print	<input type="checkbox"/> Other:
<input type="checkbox"/> Additional information (comments):		

SPECIAL PROCESSES	List type and/or specification
<input type="checkbox"/> Surface Coating	
<input type="checkbox"/> Plating	
<input type="checkbox"/> Heat Treat	
<input type="checkbox"/> Destructive / Non-Destructive	
<input type="checkbox"/> Laboratory	
<input type="checkbox"/> Other:	
<input type="checkbox"/> Other:	

Please answer the below questions relative to Special Process activities:	Yes	No	N/A
1. Are personnel trained and periodically certified to perform Special Process activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are Special Processes controlled under documented procedures or work instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are records maintained of process controls, process verification, and preventive maintenance of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY MANAGEMENT SYSTEM (QMS) STANDARD(S) (check all that apply)		
If the facility is certified to an industry recognized QMS standard, please list below and submit a copy of your certification.		
<input type="checkbox"/> AS9100	Revision:	Expiration date.
<input type="checkbox"/> ISO 9001	Revision:	Expiration date.
<input type="checkbox"/> ISO 17025	Revision:	Expiration date.
<input type="checkbox"/> Other:	Revision:	Expiration date.
<input type="checkbox"/> Other:	Revision:	Expiration date.

NOTE: IF YOU ARE THIRD-PARTY REGISTERED, YOU MAY SKIP THE QUESTIONS BELOW (PLEASE RETURN ALL PAGES):

GENERAL	Yes	No	N/A
1. Is your Company receptive to physical visit/survey confirming and elaborating on this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your Company receptive to source inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your facility handle unclassified controlled information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the Company verify that unclassified controlled information is handled and/or received by US persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY MANAGEMENT SYSTEM	Yes	No	N/A
1. Do you have currently maintained Quality Management System (QMS) manual or written procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your QMS provide for retention of records at all levels? How long are records retained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A request for your QMS manual or general procedures may be made in the future but is not required at this time. Would you be willing to supply them, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INCOMING INSPECTION	Yes	No	N/A
1. Has provisions been made to prevent unauthorized use of material pending acceptance by Receiving Inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are purchase orders, drawings, and specifications available to Receiving Inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is rejected material identified and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are Receiving Inspection personnel trained in suspect/counterfeit awareness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RAW STOCK / MATERIAL CONTROL	Yes	No	N/A
1. Are raw materials properly identified to maintain traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you require, receive, and file chemical/physical analysis/test reports, such as Material Test Reports (MTRs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you control customer-furnished material by segregation and identification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are items with shelf life requirements identified as to end date, and do you survey/monitor these requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION / TEST EQUIPMENT	Yes	No	N/A
1. Are inspection gauges, measuring devices, and test equipment periodically inspected and calibrated at establish intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are inspection gauges, measuring devices, and test equipment labeled with their calibration status and/or calibration due dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you show traceability on equipment and gauges to the National Institute of Standards and Technology (NIST)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-CONFORMING MATERIAL	Yes	No	N/A
1. Do your written procedures provide for the control on non-conforming material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are corrective action requests formally documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAWING & CHANGE CONTROL	Yes	No	N/A
1. Does your company review customer contracts/purchase orders and change notices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your company verify that changes are incorporated at effectivity date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are obsolete drawings removed from all points of issue and use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are current engineering drawings and changes available at time of processing and inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your system provide for flowdown of changes to your suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN-PROCESS INSPECTION/TEST	Yes	No	N/A
1. Is in-process inspection performed or verified by Quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are in-process inspection instructions available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are records of final acceptance maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINAL INSPECTION	Yes	No	N/A
1. Is final inspection performed and does Quality verify conformance to all requirements of buyers purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are items identified to indicate final acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are records of final acceptance maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACKAGING, PACKING, MARKING AND SHIPPING	Yes	No	N/A
1. Do you use written instructions or work standards covering packaging, packing, marking and shipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTIONS AND PROCEDURES	Yes	No	N/A
1. Are Instructions/procedures available at points of processing, inspections, or test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do inspection/test instructions or procedures have documented approval prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCT CONTROL	Yes	No	N/A
1. Are materials or parts planned for sequence of production using productions control documentation, such as routers, work orders, travelers, or similar paperwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCESSING CONTROL	Yes	No	N/A
1. Are process controls monitored at established intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPPLIER PROGRAM	Yes	No	N/A
1. Do you have a program for approval of your suppliers and subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you maintain an Approved Supplier List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you monitor an Approved Supplier List?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a Suspect / Counterfeit Prevention program to ensure that counterfeit parts or suspect material is not delivered to customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a process to verify that purchased products to be delivered to customers or to be incorporated as work to be delivered to customers are directly from Original Equipment Manufacturer (OEM) authorized distributor chain, Aftermarket Manufacturer, or Authorized Reseller?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a policy that ensures work shall not be acquired from independent distributors or brokers unless written approval is obtained in advance from the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a process which ensures flow down of suspect/counterfeit prevention policies and clauses to suppliers and sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR PFC USE ONLY:

EVALUATION OF SUPPLIER QUALITY CONTROL SYSTEM	BASIS OF APPROVAL
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<input type="checkbox"/> Specified by our customer
Quality Manager	<input type="checkbox"/> Record of supplying high quality product
Signature:	<input type="checkbox"/> Third-party registration
Date:	<input type="checkbox"/> On-site survey by PFC quality representative
Notes:	<input type="checkbox"/> Other: