

<input type="checkbox"/> Evaluation		SURVEY/ QUESTIONNAIRE		<input type="checkbox"/> Re-Evaluation		
Company Name		Contact Name				
Address		City, State, Zip				
Phone Number		Fax Number				
Supplier Type Details	<input type="checkbox"/> Manufacturer / OEM					
	<input type="checkbox"/> Distribution Center					
	<input type="checkbox"/> Service Provider (IE: Calibration, Maintenance, etc.)					
	<input type="checkbox"/> Other _____					
<p>Please complete the following questionnaire as accurately as possible. The International Standard Quality Group mandates all procurement for parts and services must be from approved External Providers and records shall be maintained. As such, we document the following information to facilitate our decision making process prior to issuing purchase orders. An expedited reply is requested.</p>						
Quality Management System:						
<p><u>Do you maintain an accredited Quality Management System (QMS)?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Certified To: (Check One) <input type="checkbox"/> ISO 9001 <input type="checkbox"/> SAE AS9100 <input type="checkbox"/> SAE AS9120 <input type="checkbox"/> Other (Please specify): _____</p> <p style="text-align: right; font-size: small;">If No, complete questions below.</p> <p>If "YES", kindly attach a current copy of the registration certificate provided by your registrar and respond to question # 10 in the questionnaire below, then sign, date and return to: Joe Emmel joe@spectechusa.net. Thank you.</p>						
Quality Management System Questionnaire				Yes	No	N/A
1	Do you have a documented quality management system?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you allow customers to audit your facilities / processes?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have a documented nonconforming material control process?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have a documented corrective action process?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you have a customer complaint process?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you perform inspection on products or services and are records maintained?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If providing calibration services: 1. Are your certificates traceable to NIST? 2. Are you accredited to a recognized standard (e.g. ISO 17025, NADCAP, etc.)?			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8	Do you retain records of quality activities? How Long? _____ Years			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you perform internal audits on your internal processes?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you read and agree with the terms and conditions listed on our website (http://www.spectechusa.net/downloads.html)?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you maintain a counterfeit prevention program to ensure only qualified and approved items are provided?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Are employees competent to perform work affecting product/service quality?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplier Representative Signature				X	Date	X
Approval Status						

(to be completed by Spec Tech Management Personnel)			
Approval Status	<input type="checkbox"/> Accept Supplier	<input type="checkbox"/> Reject Supplier	<input type="checkbox"/> Probationary Status
Approval Authority			Date
NOTE: Supplier Risk must be completed before approval.			

Supplier Risk Assessment			
<i>(Completed by Spec Tech Management Personnel)</i>			
Determined Risk <i>(Check One)</i>	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> HIGH <i>(Describe Below and select PROBATIONARY on page 1)</i>
Describe Risk Mitigation Program			
Completed By:			Date
Approved By:			
Comments			