|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1** (Completed by Supplier Authorized Representative or by SPECTECH) | | | | | | | | | | | | | | | | | | |
| Company Name | |  | | | | | | | Contact Name | | |  | | | | | | |
| Address | |  | | | | | | | City, State, Zip | | |  | | | | | | |
| Phone Number | |  | | | | | | | Fax Number | | |  | | | | | | |
| Supplier Type  Details | | Process Facility (IE: Heat Treat, Plating, Welding, NDT, etc.) | | | | | | | | | | | | | | | | |
| Raw Materials (IE: Metals, Plastics, etc.) | | | | | | | | | | | | | | | | |
| Service Provider (IE: Calibration, Maintenance, etc.) | | | | | | | | | | | | | | | | |
| OEM/Distributor (hardware, consumables, Helicoils, Latches, Screws, Inserts, etc.) | | | | | | | | | | | | | | | | |
| **SECTION 2** (Completed by Supplier Authorized Representative or by SPECTECH) | | | | | | | | | | | | | | | | | | |
| Please complete the following questionnaire as accurately as possible. We are in the process of approving your organization as a potential Supplier of products or services and need the following information to make our decision. You response is greatly appreciated within ten (10) business days. | | | | | | | | | | | | | | | | | | |
| No. of Employees: | | | | | No. of Employees in QA | | | Size of Facility | | | | | Mfg. Space | | | | | |
|  | | | | |  | | |  | | | | |  | | | | | |
| Quality Management System:  Does your organization maintain an accredited quality management system (QMS)? Yes  No  QMS Type:  ISO 9001  SAE AS91XX  Nadcap  ISO 17025  Other *(Please specify)*:  If “Yes”, please attach a current copy of the registration certificate provided by your registrar and proceed to section 4. | | | | | | | | | | | | | | | | | | |
| **SECTION 3** (Completed by Supplier Authorized Representative or by SPECTECH) | | | | | | | | | | | | | | | | | | |
| **Quality Management System Questionnaire** | | | | | | | | | | | | | | | | **Yes** | **No** | **N/A** |
| 1 | Do you have a documented quality management system? | | | | | | | | | | | | | | |  |  |  |
| 2 | Do you allow customers to audit your facilities / processes? | | | | | | | | | | | | | | |  |  |  |
| 3 | Do you have a documented non-conforming material process? | | | | | | | | | | | | | | |  |  |  |
| 4 | Do you have a documented corrective action process? | | | | | | | | | | | | | | |  |  |  |
| 5 | Do you have a customer complaint process? | | | | | | | | | | | | | | |  |  |  |
| 6 | Do you perform inspection on products or services and are records maintained? | | | | | | | | | | | | | | |  |  |  |
| 7 | Do you retain records of quality activities? How Long?       years | | | | | | | | | | | | | | |  |  |  |
| 8 | Are measuring and testing equipment used to inspect product periodically calibrated? | | | | | | | | | | | | | | |  |  |  |
| 9 | Do you perform internal audits on your internal processes? | | | | | | | | | | | | | | |  |  |  |
| 10 | Are employees competent to perform work affecting product/service quality? | | | | | | | | | | | | | | |  |  |  |
| 11 | Have you read and agree with the terms and conditions listed on our website (http://www.spectechusa.net)? | | | | | | | | | | | | | | |  |  |  |
| **SECTION 4** (Completed by Supplier Authorized Representative or by SPECTECH) | | | | | | | | | | | | | | | | | | |
| Supplier Authorized Representative | | |  | | | | | | | | | | | | | Date |  | |
| Phone Number(s) | | |  | | | | Email Address: | | | |  | | | | | | | |
| **SECTION 5** (Completed by SPECTECH Personnel) | | | | | | | | | | | | | | | | | | |
| **Risk Assessment / Evaluation** | | | | | | | | | | | | | | | | | | |
| Evaluation Type | | | Initial Evaluation  Re-Evaluation  Other: | | | | | | | | | | | | | | | |
| All Potential Suppliers will be given an initial Risk Assessment rating of MEDIUM until they can be evaluated based on history and knowledge at the annual Supplier assessment.  If any question was answered “NO” in Section 3, any Member of Management Team must be the Approval Authority.  If more than 5 questions in Section 3 are answered “NO”, Supplier will be given an initial Risk Assessment rating of SIGNIFICANT and placed on Conditional Status.  Re-evaluation Assessment:  **Scores:** 1- never occurs, 2- rarely occurs, 3 – sometimes occurs, 4 – often occurs, 5 – always occurs  **Ratings:** 3 – 6 = Low, 7 – 10 = Medium, 11 – 15 = Significant | | | | | | | | | | | | | | | | | | |
| Quality Issues | | | | Delivery Issues | | Missing/Wrong Documentation | | | | Score | | | | | Rating | | | |
|  | | | |  | |  | | | |  | | | | | Medium | | | |
| **SECTION 6** (Completed by SPECTECH Personnel) | | | | | | | | | | | | | | | | | | |
| **Approval Status** | | | | | | | | | | | | | | | | | | |
| Approval Status | | | Accept Supplier  Reject Supplier  Conditional / Probation  Other: | | | | | | | | | | | | | | | |
| Scope of Approval | | |  | | | | | | | | Other: | | | | | | | |
| Completed By | | |  | | | | | | | | | Date | |  | | | | |
| Approval Authority | | |  | | | | | | | | | Date | |  | | | | |
| Comments (*Risk Mitigation, if needed*): | | | | | | | | | | | | | | | | | | |