

**SECTION 1** (Completed by Supplier Authorized Representative or by SPECTECH)

Company Name		Contact Name	
Address		City, State, Zip	
Phone Number		Fax Number	
Supplier Type	<input type="checkbox"/> 001 – Manufacturer (IE: hardware, consumables, Helicoils, Latches, Screws, Inserts, etc.)		
	<input type="checkbox"/> 002 – Distributor (IE: hardware, consumables, Helicoils, Latches, Screws, Inserts, etc.)		
	<input type="checkbox"/> 003 – Services (IE: Calibration, Maintenance, Heat Treat, Plating, Welding, NDT, etc.)		
	<input type="checkbox"/> 004 – Commercial Off-The-Shelf (COTS)		

**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. Your 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?	<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 non-conforming material 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	Do you retain records of quality activities? How Long? _____ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are measuring and testing equipment used to inspect product periodically calibrated?	<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	Are employees competent to perform work affecting product/service quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have a policy in place for the disclosure / reporting of the use of Conflict Minerals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you read and agree with the terms and conditions listed on our website ( <a href="http://www.spectechusa.net">http://www.spectechusa.net</a> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SECTION 4</b> (Completed by Supplier Authorized Representative or by SPECTECH)				
Supplier Authorized Representative				Date
Phone Number(s)		Email Address:		
<b>SECTION 5</b> (Completed by SPECTECH Personnel)				
<b>Risk Assessment / Evaluation</b>				
Evaluation Type	<input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Other: _____			
<p>All Potential Suppliers will be given an initial Risk Assessment rating of GOOD until they can be evaluated based on history and knowledge at the annual Supplier assessment.</p> <p>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 FAIR and placed on Conditional Status.</p> <p><u>Re-evaluation Assessment:</u>  <b>Scores:</b> 1- never occurs, 2- rarely occurs, 3 – sometimes occurs, 4 – often occurs, 5 – always occurs  <b>Ratings:</b> 3 – 6 = Excellent, 7 – 10 = Good, 11 – 15 = Fair</p>				
Quality Issues	Delivery Issues	Missing/Wrong Documentation	Score	Rating
				Choose an item.
<b>SECTION 6</b> (Completed by SPECTECH Personnel)				
<b>Approval Status</b>				
Approval Status	<input type="checkbox"/> Accept Supplier <input type="checkbox"/> Reject Supplier <input type="checkbox"/> Conditional / Probation <input type="checkbox"/> Other: _____			
Scope of Approval	Choose an item.		Other: _____	
Completed By				Date
Approval Authority				Date
Comments ( <i>Risk Mitigation, if needed</i> ):   				