



Quality Assurance Supplier Survey/Audit Form

Date:

Company Name:

Type of Manufacture or Service

Address:

City:

State:

Zip:

QA Representative Name:

Title/Position:

QA Representative Phone:

QA Representative email:

Survey Purpose:

On-Site

Supplier Survey

Customer Name:

Project / Part Number

Total Plant Area

sq. ft.

Number of Personnel

Production

Quality Support

Inspection

Engineering

Other

Major Customers

Customer Name	Last Surveyed

Quality System

ISO-9001 <input type="checkbox"/> Yes <input type="checkbox"/> No	AS 9100 <input type="checkbox"/> Yes <input type="checkbox"/> No	NADCAP <input type="checkbox"/> Yes <input type="checkbox"/> No	D1-9000 <input type="checkbox"/> Yes <input type="checkbox"/> No	SSQA <input type="checkbox"/> Yes <input type="checkbox"/> No
Other or compliant with?				
Quality System has Third Party Approval <input type="checkbox"/> Yes <input type="checkbox"/> No				
Registrar:				
<u>Attach copies of certifications (ISO 9001, AS 9100, NADCAP, etc.)</u>				



Quality Assurance Supplier Survey/Audit Form

Categories

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SURVEY NOTES

- a) Items noted in the “P” column, on the following pages, indicate a deficient area identified during the performance of the survey/audit.
- b) A certificate showing third party approval / compliance to either ISO 9001 or AS 9100 will satisfy the quality systems portion of the survey.
- c) Recognition by the Boeing Aircraft Company showing compliance to D1-9000 will satisfy the quality systems portion of the survey.
- d) Recognition by Applied Materials showing compliance ISO 9001:2000 or SSQA will satisfy the quality systems portion of the survey.
- e) Recognition by NADCAP showing compliance to a specific special process will satisfy the audit requirements for that process. At a minimum handling, calibration, process control steps, and required logs shall be verified.

For each question; check box if required or N/A and enter one score in the appropriate column

Compliance
 Strong Evidence (2) Some Evidence (1) No Evidence (0) N/A

Category I Quality Assurance Organization and Planning

A	Is the supplier's system of the Quality Assurance adequately described in approved written procedures/instructions/policies? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are procedures/instructions/policies maintained current and made available to all concerned personnel? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Has the responsibility for Quality Assurance/Inspection been formally established? (Organization Chart) <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Does the Quality Assurance/Inspection Department have the freedom to satisfactory perform the quality functions and meet customer requirements? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Is a periodic review of the quality program performed by management? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Does the organization ensure control over any outsourced process which affects product conformity? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Category II Initial Quality Planning

A	Does the Quality Assurance/Inspection Department prepare quality plans to identify and implement quality requirements? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the Quality Assurance/Inspection review manufacturing processes, contract reviews, packaging, and inspection & test instructions to assure customer requirements? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Category III Inspection and Test Documentation

A	Are inspection instructions available current and used? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Do the inspection instructions contain accept/reject criteria? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is completed product subject to inspection and test in accordance with the applicable drawings, specification, inspection instructions, etc.? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

For each question; check box if required or N/A and enter one score in the appropriate column

Compliance
 Strong Evidence (2) Some Evidence (1) No Evidence (0) N/A

Category IV Record Retention

A	Are records maintained for a minimum of 3 years, or as required by customer contract? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Do inspection records and test records reflect number of observations made, as well as the number of defects and types? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are records used by management to evaluate manufacturing processes and / or quality programs? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Category V Corrective Action

A	Does the supplier have a system which assures prompt and appropriate corrective action when required? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are all corrective actions documented? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is the system applicable to all elements of the quality programs (i.e. design, purchasing, manufacturing, etc)? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Does the corrective action system extend to the supplier's vendors? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are trend analysis used to prevent recurrence of the discrepancy? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	When corrective actions are instituted, is their effectiveness monitored? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Category VI Drawing, Documentation and Changes

A	Does the supplier's documented system assure that all manufacturing processes are performed in accordance with the latest applicable revision of the drawings or specifications? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is there a system to control the use of old revision drawings, marked up or illegible drawings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each question; check box if required or N/A and enter one score in the appropriate column

Compliance
 Strong Evidence (2) Some Evidence (1) No Evidence (0) N/A

Objective Evidence: _____

C How does your Quality and/or Purchasing system prohibit deviations from purchase order requirements? (i.e. verbal instructions) Explain.

Objective Evidence: _____

Comments: _____

Category VII Measuring and Test Equipment

A Does the supplier's quality system assure that inspection measuring and test equipment, process control devices and tooling used for media of acceptance are inspected and calibrated at required intervals in accordance with the requirements of a calibration specification. Please indicate calibration specification.

Calibration

Specification: _____

Objective Evidence: _____

B Is all such equipment identified and traceable to individual records attesting to the last calibration, calibration due date, the requirement for calibration?

Objective Evidence: _____

C Are the reference standards which are employed in the inspection and calibration of equipment, currently certified and traceable to NIST?

Objective Evidence: _____

D Are un-calibrated or outdated items identified and stored in a manner as to prevent their use pending calibration?

Objective Evidence: _____

E Does the supplier maintain written instructions/procedures providing detailed methods for calibration?

Objective Evidence: _____

F Have Gage Reproducibility and Reliability studies been done on the test and measurement tools used to test customer products?

G Are personally owned tools calibrated and controlled when used for product acceptance?

Objective Evidence: _____

Comments: _____

Category VIII Purchase Responsibility

A Does the supplier have a system for selecting qualified vendors?

Objective Evidence: _____

B Does the supplier re-audit those vendors not performing to a

For each question; check box if required or N/A and enter one score in the appropriate column

Compliance
Strong Evidence (2) **Some Evidence (1)** **No Evidence (0)** **N/A**

quality acceptance rate?

Objective Evidence: _____

C	Does the supplier's procurement system allow for information feedback and early correction of vendor nonconformance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective Evidence: _____

D	Does the supplier's purchase order to sub-tier sources clearly state applicable specification and/or approved secondary processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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E	Do purchase orders reflect the revision number and effective dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

Comments: _____

Category IX Materials and Materials Control

A	Are purchased supplies or products inspected upon receipt to assure conformance to drawings or customer specification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective Evidence: _____

B	Are incoming raw materials adequately identified and certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

C	Are certified raw materials stored in a controlled area, separated from uncertified material and protected from damage and corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

D	Are raw materials issued and remnant controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

E	Are all remnant materials properly identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

F	Are customer furnished materials controlled by identification and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Objective Evidence: _____

Comments: _____

Category X Production Process Control

A	Are process control procedures integrated as part of the inspection system when called out in the contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

B	Does the supplier have a predictable manufacturing process documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------	--------------------------	--------------------------

Objective Evidence: _____

C	Are periodic measurements and/or testing performed on critical dimensions or processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

For each question; check box if required or N/A and enter one score in the appropriate column

	Strong Evidence (2)	Some Evidence (1)	No Evidence (0)	N/A
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Objective Evidence: _____

Comments: _____

Category XI Final Inspection

A Are final inspections, evaluations, and test performed by inspection personnel?

Objective Evidence: _____

B Are final inspection reports filled out for product and forward to customer with each delivery?

Objective Evidence: _____

C Does the inspection department have the freedom to report and reject nonconforming material?

Objective Evidence: _____

Comments: _____

Category XII Stockroom Control

A Is a controlled area maintained for the storage of production supplies and materials?

Objective Evidence: _____

B Is the identity and status of stored material clearly established?

Objective Evidence: _____

C Are materials protected from damage, corrosion, and deterioration?

Objective Evidence: _____

Comments: _____

Category XIII Packaging, Marking and Shipping

A Are individual items checked for damage prior to packaging and shipping to customer?

Objective Evidence: _____

B Prior to shipping is the paper work audited to assure that all processes, inspection points, part markings and certification accompany the parts?

Objective Evidence: _____

C Is documented evidence of such controls maintained?

Objective Evidence: _____

Comments: _____

For each question; check box if required or N/A and enter one score in the appropriate column

Compliance
 Strong Evidence (2) Some Evidence (1) No Evidence (0) N/A

Category XIV Nonconforming Material

A	Does the supplier's quality system provide formal controls for documenting nonconformance of materials, including the ability to identify and segregate products? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the supplier maintain records of rejected items? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Does the supplier maintain a separate hold area for nonconforming parts, and is the area controlled? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Is the customer notified of nonconforming material? How? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Category XV Statistical Sampling

A	Does the supplier perform sampling inspection per the MIL-Std-105 or other approved plan? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the sampling inspection plan (other 100%) classify the various characteristics and define levels of sampling? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

Category XVI Facilities/Housekeeping

A	Are manufacturing process areas clean, orderly and adequately lighted? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are inspection areas clean, orderly and adequately lighted? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are dangerous chemicals identified, properly stored and non-expired? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Are MSDS's visible and readily available? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

For each question; check box if required or N/A and enter one score in the appropriate column

Compliance
Strong Evidence (2) **Some Evidence (1)** **No Evidence (0)** **N/A**

Category XVII **Tooling**

A Does Supplier have evidence of periodic inspection results for all Modern furnished tooling?

Objective Evidence: _____

Comments: _____

Category XVIII **Applied Materials**

This Section Only Applicable to Suppliers Manufacturing and or Processing Applied Materials Products

Is Copy Exact Training completed for Applied Materials manufacturing? Yes No

Objective Evidence: _____

Is Copy Exact Training in the New Hire and Annual Training Schedule? Yes No

Objective Evidence: _____



Quality Assurance Supplier Survey/Audit Form

Category XVIV, Special Processes

	Check the following process the supplier is qualified to perform:	√	Specification	Compliance	
				Yes	No
A	Anodizing			<input type="checkbox"/>	<input type="checkbox"/>
B	Brazing			<input type="checkbox"/>	<input type="checkbox"/>
C	Chem Film			<input type="checkbox"/>	<input type="checkbox"/>
D	Cleaning: 20000			<input type="checkbox"/>	<input type="checkbox"/>
E	Dry Film Lube			<input type="checkbox"/>	<input type="checkbox"/>
F	Electro Polish			<input type="checkbox"/>	<input type="checkbox"/>
G	Heat Treat			<input type="checkbox"/>	<input type="checkbox"/>
H	Non Destructive Testing: Helium			<input type="checkbox"/>	<input type="checkbox"/>
I	Non Destructive Testing: Pressure			<input type="checkbox"/>	<input type="checkbox"/>
J	NDT: Fluorescent Penetrant Inspection			<input type="checkbox"/>	<input type="checkbox"/>
K	NDT: Magnetic Particle Inspection			<input type="checkbox"/>	<input type="checkbox"/>
L	NDT: X-Ray			<input type="checkbox"/>	<input type="checkbox"/>
M	Painting			<input type="checkbox"/>	<input type="checkbox"/>
N	Passivation			<input type="checkbox"/>	<input type="checkbox"/>
O	Plating: Gold,			<input type="checkbox"/>	<input type="checkbox"/>
P	Plating: Nickel			<input type="checkbox"/>	<input type="checkbox"/>
Q	Plating: Silver			<input type="checkbox"/>	<input type="checkbox"/>
R	Plating: Zinc			<input type="checkbox"/>	<input type="checkbox"/>
S	Selective Nickel Plating			<input type="checkbox"/>	<input type="checkbox"/>
T	Welding: E-Beam			<input type="checkbox"/>	<input type="checkbox"/>
U	Welding: GTAW			<input type="checkbox"/>	<input type="checkbox"/>
V	Welding: Orbital			<input type="checkbox"/>	<input type="checkbox"/>
W	Welding: Resistance			<input type="checkbox"/>	<input type="checkbox"/>
X	Other			<input type="checkbox"/>	<input type="checkbox"/>
Y	Other			<input type="checkbox"/>	<input type="checkbox"/>
Z	Other			<input type="checkbox"/>	<input type="checkbox"/>
AA	Other			<input type="checkbox"/>	<input type="checkbox"/>
BB	Other			<input type="checkbox"/>	<input type="checkbox"/>

Each process being approved shall have documented evidence that shows compliance to the customer's requirements that prompted the survey. Attach process check sheets and other supporting evidence that substantiates process approval.

Comments: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____



Quality Assurance Supplier Survey/Audit Form



For Modern Industries Use Only



Auditors

Lead Auditor:		Department	
Auditor:		Department	
Auditor:		Department	

Audit Summary

Audit Results

Conforms with Requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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