



# Quality Assurance Supplier Survey/Audit Form

Date:

Survey/Audit Number:

Supplier ID:

Supplier Name:

Type of Manufacture or Service:

Address:

City:

State:

Zip:

Country:

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:				
<b><u>Attach copies of certifications (ISO 9001, AS 9100, NADCAP, etc.)</u></b>				



# Quality Assurance Supplier Survey/Audit Form

## Categories

CATEGORY I	QUALITY ASSURANCE ORGANIZATION .....	3
CATEGORY II	QUALITY PLANNING .....	3
CATEGORY III	RECORD RETENTION .....	4
CATEGORY IV	CORRECTIVE ACTION.....	4
CATEGORY V	AUDIT SYSTEM.....	5
CATEGORY VI	MEASURING AND TEST EQUIPMENT .....	5
CATEGORY VII	PURCHASING .....	6
CATEGORY VII	MATERIALS AND MATERIALS CONTROL .....	7
CATEGORY VIV	PRODUCT REALIZATION .....	7
CATEGORY X	TOOLING.....	8
CATEGORY XI	PRODUCTION PROCESS CONTROL .....	8
CATEGORY XII	INSPECTION AND TEST DOCUMENTATION .....	8
CATEGORY XIII	STATISTICAL SAMPLING .....	9
CATEGORY XIV	NONCONFORMING MATERIAL .....	9
CATEGORY XV	PACKAGING, MARKING AND SHIPPING .....	10
CATEGORY XVI	INVENTORY/STOCKROOM CONTROL .....	10
CATEGORY XVII	TRAINING .....	10
CATEGORY XVIII	FACILITIES/HOUSEKEEPING .....	11
CATEGORY XIV	SPECIAL PROCESSES .....	12

## 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 (Current Revision) or AS 9100 (Current Revision) will satisfy the quality systems portion of the survey.
- c) A certificate form NADCAP showing compliance AC7004 (Current Revision) and to a specific special process will satisfy the audit requirements for that process.

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**

A	Does the organization have a Quality Manual? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is the organization'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"/>
C	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"/>
D	Does the organization have a quality policy in place? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Is there a documented procedure for control of documents? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Do procedures contain revision status? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Are documents of external origin controlled and updated? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	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"/>
I	Is Quality Assurance/Inspection empowered to ensure the customer requirements are met? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	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"/>
K	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                      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	Is contract review being performed? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is the customer notified if requirements cannot be met? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Does 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"/>

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

Comments: \_\_\_\_\_

**Category III      Record Retention**

- |   |   |                          |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A | Are records maintained for a minimum of 7 years, or as required by customer contract?<br><i>Objective Evidence:</i> _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | Are records legible, readily identifiable and retrievable?<br><i>Objective Evidence:</i> _____                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | Do records maintain product traceability?<br><i>Objective Evidence:</i> _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Are records used by management to evaluate manufacturing processes and / or quality programs?<br><i>Objective Evidence:</i> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

**Category IV      Corrective Action**

- |   |   |                          |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A | Is there a Corrective Action procedure?<br><i>Objective Evidence:</i> _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B | Does the organization have a system which assures prompt and appropriate corrective action when required?<br><i>Objective Evidence:</i> _____       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C | Are all corrective actions documented?<br><i>Objective Evidence:</i> _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Is the system applicable to all elements of the quality programs (i.e. design, purchasing, manufacturing, etc)?<br><i>Objective Evidence:</i> _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E | Do Corrective Actions address the Containment, Root Cause and Corrective Actions?<br><i>Objective Evidence:</i> _____                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F | Does the corrective action system extend to the organization's suppliers?<br><i>Objective Evidence:</i> _____                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G | Are trend analysis used to prevent the recurrence of non-conformance's?<br><i>Objective Evidence:</i> _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H | When corrective actions are instituted, is their effectiveness verified?<br><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 V            Audit System**

A	Does the organization have a documented procedure for the audit system? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are audits being perform by an auditor who is independent from the area being audited? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are audit records being maintained? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Do Audit records include objective evidence and results? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are actions being taken from the audits results? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Are Audits being performed at least annually? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

**Category VI            Measuring and Test Equipment**

A	Does the organization’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: _____ <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is all such equipment identified and traceable to individual records attesting to the last calibration, calibration due date, the requirement for calibration? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Do the calibration records indicate when adjustments were made? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	If adjustments were made, do the calibration records indicate the after adjustment calibration results? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are the reference standards which are employed in the inspection and calibration of equipment currently certified and traceable to NIST? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Are un-calibrated or outdated items identified and stored in a manner as to prevent their use pending calibration? <i>Objective Evidence:</i> _____	<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**

- G Does the organization maintain written instructions/procedures providing detailed methods for calibration?
- Objective Evidence:* \_\_\_\_\_
- H Have Gage Reproducibility and Reliability studies been done on the test and measurement tools used to test customer products?
- Objective Evidence:* \_\_\_\_\_
- I Are personally owned tools calibrated and controlled when used for product acceptance?
- Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category VII      Purchasing**

- A Does the organization have a system for selecting qualified suppliers?
- Objective Evidence:* \_\_\_\_\_
- B Does the organization re-audit those suppliers not performing to a quality acceptance rate?
- Objective Evidence:* \_\_\_\_\_
- C Does the organization's procurement system allow for information feedback and early correction of supplier nonconformance?
- Objective Evidence:* \_\_\_\_\_
- D Does the organization's purchase order to sub-tier sources clearly state applicable requirements, specification and/or approved secondary processes?
- Objective Evidence:* \_\_\_\_\_
- E How does the Quality and/or Purchasing system(s) prohibit deviations from purchase order requirements? (i.e. verbal instructions) Explain.
- Objective Evidence:* \_\_\_\_\_
- F Does the organization use approved sources when required?
- Objective Evidence:* \_\_\_\_\_
- G Does the organization flow down the use of approved sources when required?
- Objective Evidence:* \_\_\_\_\_
- H Do purchase orders contain the item number and revision level?
- Objective Evidence:* \_\_\_\_\_
- I Are purchased products verified to ensure requirements are met?
- Objective Evidence:* \_\_\_\_\_
- J Are there inspection records for purchased products?
- 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 VII      Materials and Materials Control**

A	Do the receiving inspection records indicate the Item description/number, accepted and rejected quantities? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are incoming raw materials adequately identified and certified? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are certified raw materials stored in a controlled area, separated from uncertified material and protected from damage and corrosion? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Are raw materials issued and remnant controlled? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are all remnant materials properly identified and controlled? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Are customer furnished materials controlled by identification and segregated? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

**Category VI      Product Realization**

A	Does the organization's documented system assure that all manufacturing processes are performed in accordance with the latest applicable revision of drawings or specifications? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are the processing documents (Routers/Travelers) controlled? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Do the processing documents include the part number and revision? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Do the processing documents indicate sequence of operations and are they being followed? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Do the processing documents include or reference to the necessary information to perform the required work, inspections and testing? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Is traceability maintained through the complete process including records? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Do the processing documents demonstrate the inspection status? <i>Objective Evidence:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Are changes to the processing document approved and controlled by engineering or management? <i>Objective Evidence:</i> _____	<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
------------------------	----------------------	--------------------	-----

I	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"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_

**Category X      Tooling**

A	Is tooling stored adequately to prevent damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

B	Is customer calibrated tooling included in the organization's calibration recall system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

C	Does Organization have evidence of periodic inspection results for all Modern furnished tooling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_

**Category XI      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	Where controls are in place, do records demonstrate control or positive trends?	<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"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_

**Category XII      Inspection and Test Documentation**

A	Is completed product subject to inspection and test in accordance with the applicable drawings, specification, inspection instructions, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

B	Are inspection instructions available, current and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

C	Do inspection plans contain accept/reject criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	---	--------------------------	--------------------------	--------------------------	--------------------------

*Objective Evidence:* \_\_\_\_\_

D	Do the inspection records contain the part number/description and revision?	<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: \_\_\_\_\_

E Are inspection records traceable to product?

Objective Evidence: \_\_\_\_\_

F Do final inspection records indicate the accepted and rejected quantities?

Objective Evidence: \_\_\_\_\_

G Do inspection records and test records reflect number of observations made, as well as the number of defects and types?

Objective Evidence: \_\_\_\_\_

H Are final inspections, evaluations, and tests performed by inspection personnel?

Objective Evidence: \_\_\_\_\_

I Are final inspection reports filled out for product and forwarded to customer with each delivery?

Objective Evidence: \_\_\_\_\_

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

Objective Evidence: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category XIII      Statistical Sampling**

A Does the organization perform sampling inspection per the MIL-Std-105 or other approved plan?

Objective Evidence: \_\_\_\_\_

B Does the sampling inspection plan (Not 100%) classify the various characteristics and define levels of sampling?

Objective Evidence: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Category XIV      Nonconforming Material**

A Does the organization have a documented procedure for controlling nonconforming product?

Objective Evidence: \_\_\_\_\_

B Does the organization provide formal controls for documenting nonconformance of materials, including the ability to identify and segregate products?

Objective Evidence: \_\_\_\_\_

C Does the organization maintain records of rejected items?

Objective Evidence: \_\_\_\_\_

D Does the organization maintain a separate hold area for nonconforming parts, and is the area controlled?

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:* \_\_\_\_\_

E    Is the customer notified of nonconforming material? How is the customer notified?               

*Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_

**Category XV      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    Are there records of such controls maintained?               

*Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_

**Category XVI      Inventory/Stockroom Control**

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

*Objective Evidence:* \_\_\_\_\_

B    Is the identity and status of stored products and materials clearly established?               

*Objective Evidence:* \_\_\_\_\_

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

*Objective Evidence:* \_\_\_\_\_

Comments: \_\_\_\_\_

**Category XVII      Training**

A    Is there a document procedure for training?               

*Objective Evidence:* \_\_\_\_\_

B    Are training records 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

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

- |   |  |                                 |                                |
|---|--|---------------------------------|--------------------------------|
| C | Is Copy Exact Training completed for all employees working Applied Materials products? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|   | <i>Objective Evidence:</i> _____   |                                 |                                |
| D | Does the documented procedure cover the Copy Exact training and Change Management?     | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|   | <i>Objective Evidence:</i> _____   |                                 |                                |
| E | Is Copy Exact Training being performed for New Hires?                                  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|   | <i>Objective Evidence:</i> _____   |                                 |                                |
| F | Is Copy Exact Training being performed Annually?                                       | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|   | <i>Objective Evidence:</i> _____   |                                 |                                |

**Category XVIII    Facilities/Housekeeping**

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

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Quality Assurance Supplier Survey/Audit Form

## Category XIV 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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Signature: \_\_\_\_\_

Date: \_\_\_\_\_