

425 Smith Street, Farmingdale, NY 11735 Tel: (516) 944-9882 Fax: (516) 944-8522

Supplier Quality Management System Questionnaire

Supplier Name:									
Supplier Address:									
Check all that apply: Manufacturer 🛛 Distributor 🗆 Special Processes 🗆 Other 🗆									
Description of Product/Service:									
No. of Personnel: Manufacturing Quality Engineering Other Support Staff									
Plant Square Footage: Ye			ar Company was established:						
Phone:		Fax:		Website:					
Contact Information		Name		Pł	none	Email			
President									
Sales									
Quality Management									

Hazardous Materials: Are there any United States Government or internationally regulated materials or chemicals classified as restricted or substances of very high concern that are used in the candidate supplier's product or process? YES \square NO \square If yes please identify

Certification of Non-Debarment: The authorized respondent who has signed below hereby certifies that the candidate supplier recorded above and/or any of its principals are not listed by any United States Federal or Defense Agency as Debarred, Suspended, proposed for debarment or otherwise Ineligible for any U.S. Federal/Defense program. The candidate supplier principals agree to notify Ausco's Quality Assurance Department in the event they become Debarred, Suspended, or otherwise Ineligible for any Federal/Defense program during the performance of any effort under an Ausco Inc. purchase order or sub-contract.

Special Process Accreditation: If the candidate supplier has achieved registered accreditation by NADCAP for any special process, please provide a copy of the Certificate of Accreditation including the Scope of Accreditation listing.

Quality Management Registration: If the candidate supplier has achieved registration by an internationally recognized third party registrar for an ISO 9001 and/or AS9100 or AS9120 Quality Management System, please provide a current copy of your Certificate of Registration with this questionnaire. <u>Suppliers who have achieved</u> this registration need not complete the balance of this questionnaire.

Authorized Signature: The respondent below certifies that he/she has the authority to represent the candidate supplier with regard to all the responses provided for this questionnaire.

Authorized Signature	Title	Date		
For Internal use:				
Requested by	_ Dept	_ Date		



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		Yes	No	N/A	Comments
1	Is there a documented Quality System in place?				Compliant with:
2	Is there a documented Quality Manual?				
3	Do changes in documents require identification of the changes and revision status?				
4	Are retained Quality documents kept legible and readily retrievable?				
5	Is On-time delivery performance monitored?				
6	Is there a training program?				
7	Is there an Approved Supplier Listing?				
8	If raw material is purchased for fabrication, is there a requirement for material certs, country of origin ID and when applicable, DFAR compliance imposed?				
9	Are Quality Records retained for a min of 7 years? If not, how long?				
10	Does the supplier have a Foreign Object Debris (FOD) program in place?				
11	Are special process services and certifications validated upon receipt of product?				
12	Is there a documented procedure covering the control and safeguarding of customer property				
13	Is product preserved by adequate packaging, storage and proper handling procedures?				
14	Measuring equipment is calibrated/verified at specified intervals against traceable standards.				Which standard is employed:
15	Are internal audits conducted?				
16	Are corrective actions taken when conformance is not achieved?				
17	A documented procedure exists to cover non-conforming product.				
18	Actions are taken to eliminate the cause of nonconformities.				
19	Will dispositions of Use-As-Is require Ausco notification before delivery?				
20	Are purchased articles inspected for conformance before use?				
21	Has the candidate had an opportunity to review the Ausco Inc. Purchase Quality Clauses (7.4.2.3) and Purchase Terms and Conditions (7.4.2.4)?				
22	For Distributors: Please provide a copy of your Authorized Distribution Listing.				