

REDACTED

Add to Cart

Your Company Name
Quality System Surve{/4

Date:

Business Name:		Cage Code:	
Address:		Email:	
City:		Phone:	

Copyright © JnF Specialties, LLC. All rights reserved worldwide. www.jnfspecialties.com/about-us/copyright

Revisions

		Rev:	
Letter	E.O. Number - Description	Date	
Used On	Contract#:		
Prepared By:		Your Co	
Your Dept:			
Your Dept:			
Your Dept:			
Your Dept:			
Your Dept:			
Your Dept:			
Your Dept:		Size: A	CAGE: Form Rev: Orig 1 of 1

Your Logo

---	Yes	No	Comment
Administration			
Do you have a QC manual?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have an organization chart?	<input type="checkbox"/>	<input type="checkbox"/>	
Does management approve the quality manual?	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing			
Do you evaluate Suppliers before buying their products or services?	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving Inspection			
Do you check all purchased material against the requirements of the purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
How long are material certifications kept on file:			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection			
Is inspection performed by Quality Group personnel or under their supervision?	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
How long are inspection records kept on file:			
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Drawing and Revision Control			
Do you have a system to provide Operators and Inspectors with the latest revision drawing, specification or change notice?	<input type="checkbox"/>	<input type="checkbox"/>	---
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	

---	Yes	No	Comment
Calibration	---	---	---
Does your calibration system conform to MIL-STD-45662, ISO 10012 or ANSI/NCSL Z540-1?	<input type="checkbox"/>	<input type="checkbox"/>	Which system:
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Material Review	---	---	
Do you document process and product nonconformances?	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Sampling	---	---	---
Does your sampling plan conform to MIL-STD-105, MIL-STD-414, ANSI Z 1.4, ANSI Z 1.9 or MIL-STD-1916?	<input type="checkbox"/>	<input type="checkbox"/>	Which system:
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Preservation, Packaging, Packing and Shipping	---	---	---
Do you prepare products for shipment according to Customer requirements or [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	Which:
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	
Survey Reviewed by:			Date:
Approval Status:	Approved <input type="checkbox"/>	Conditional <input type="checkbox"/>	Disapproved <input type="checkbox"/>

Copyright © JnF Specialties, LLC. All rights reserved worldwide. www.jnfspecialties.com/about-us/copyright

Your Co	REV	CAGE	DOC#:	Your #
---------	-----	------	-------	--------

This document may not be disclosed or reproduced in whole or in part without prior written permission from a representative of the Company with the authority to grant such permission.

Copyright © JnF Specialties, LLC. All rights reserved worldwide. www.jnfspecialties.com/about-us/copyright

Supplier Quality System Evaluation/6

Supplier Name, Number or CAGE Code

Please complete the enclosed survey and return by mail, fax or email to:

- Your Company Representative Name
- Your Company Representative Title
- Your Company Name
- Your Company Address
- Your Company City, State, Zip
- Your Phone
- Your Fax
- Your Email
- Your Website

To receive this form by email, please submit your email address to:

Your Company Email Address

Company Information					
Company Name:					
Address:					
City:		State:	Zip:		
Telephone:		Fax:			
Email Address:					
Number of Employees:		Number of Production Employees:		Number in QC:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			

Your Company Logo

Form Rev: Orig

This document may not be disclosed or reproduced in whole or in part without prior written permission from a representative of the Company with the authority to grant such permission.

Survey Questions	Yes	No	N/A
What quality system standard is your quality manual based upon? Std:			
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your Company have an electrostatic discharge control procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is calibrated equipment traceable to a national standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Rev: Orig

In order to meet the procurement requirements of our contracts, (Your Company Name) is required to [Redacted]

Copyright © JnF Specialties, LLC. All rights reserved worldwide. www.jnfspecialties.com/about-us/copyright

Copyright © JnF Specialties, LLC. All rights reserved worldwide.

Your Company Name	REV	CAGE	DOC#:	2 of 2
			Your Procedure #	

SUPPLIER SURVEY 'EQO O GTEKN

Supplier Name:		Manufacturer <input type="checkbox"/>	
Address:		Distributor <input type="checkbox"/>	
		Other <input type="checkbox"/>	
Telephone:	Fax:		
[Redacted]			
[Redacted]	[Redacted]		
[Redacted]			
	[Redacted]		
	[Redacted]		
[Redacted]			
	[Redacted]		
Survey Performed By:	Name	Title	Date
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]			

ADMINISTRATIVE		Yes	No	N/A
1)	Does the facility have a Quality Control Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVING				
1)	Does receiving inspection check all incoming materials against purchase order requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	--	--	--
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINAL ACCEPTANCE				
1)	Is final inspection performed by Quality Control personnel or under their supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	--	--	--
5)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRAWING AND CHANGE CONTROL				
1)	Are adequate controls in effect to [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain		--	--	--
Copyright © JnF Specialties, LLC. All rights reserved worldwide. www.jnfspecialties.com/about-us/copyright				

TOOL AND GAGE CONTROL			
1) Does the calibration system meet Mil-Std-45662A or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTIONS			
1) Is a corrective action system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-CONFORMING MATERIAL CONTROL			
1) Are written rejection forms used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAMPLING INSTRUCTIONS			
1) Is inspection performed using sampling plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[REDACTED]	--	--	--
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCUREMENT CONTROL			
1) Does a system exist for evaluation of your supplier's quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACKAGING AND SHIPPING			
1) Is the shipping department informed of customer packaging and shipping requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) [REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>