



# Supplier Quality System Assessment Questionnaire

Date: _____			
Company Name: _____		Address: _____	
Phone: _____	City: _____	State: _____	
Fax: _____	Zip: _____	Cage Code: _____	
Quality Manager Name: _____		E-mail: _____	
Type of Product: _____			
Main Customers: _____			
Manufacturing/Assembly/Distribution Address: (If different than Address listed above)		Address: _____	
		City: _____	State: _____
		Zip: _____	Cage Code: _____
Supplier Type: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Value Added Distributor <input type="checkbox"/> Manufacturer and Distributor			
Major product, process or material change in last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, briefly describe:</b> _____			
Company ownership change during last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO		Quality System change during last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Manufacturing/Assembly address change last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, list new address:</b> _____			
Company Quality Manual? <input type="checkbox"/> YES <input type="checkbox"/> NO		Current Revision: _____ Dated: _____	
If YES If NO, briefly explain how your Quality System is documented. _____ Do you have an ITAR process compliant to 22CFR 120.10. _____			
<b>DENELEX USE ONLY</b>	Quality Approval	Name: _____	
		Signature: _____	
		Date: _____	

## A. Special Processes

### IDENTIFICATION OF SPECIAL PROCESSES

For products purchased by Denelex, do either you, or a supplier used by you, utilize special processes identified in customer, Example: Boeing Document D1-4426 (Approved Product Sources), QCS-001 Lockheed Martin Special, Raytheon Aircraft Company Approved Processor List, Bombardier's Approved Suppliers Listing ?     YES     NO    If YES, complete the following section:

Process	Customer Specification	Process Performed by	Processing address, city, state & zip if a subcontractor is used (Use a continuation sheet if necessary)



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## B. Certifications and Approvals

### 3<sup>rd</sup> PARTY QUALITY SYSTEM CERTIFICATIONS (ISO9000; AS9100; etc.)

Certification Type**	Certifying Organization	Certificate Expiration Date	Registration Number

### QUALITY SYSTEM APPROVALS (Mil-I-45208; Mil-Q-9858; etc.)

Approved to	Name of Approving Company	Date	Letter of App? **
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

\* \*\*Please provide a copy of each certificate or letter of approval.

**STOP!** If your company **IS** ISO 9000 or AS9100 **CERTIFIED**, Skip to Section "D" and return a copy of your company's Certificate with completed Questionnaire to Denelex. If your company **IS NOT** ISO 9000 or AS9100 Certified, continue with Sections "C" & "D" of Questionnaire.

Assessment	YES	NO	N/A	Notes and Comments
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## C. SECTION 1 of AS9100

### QUALITY MANAGEMENT SYSTEM

1	Do you have a procedure to describe the establishment, documentation, implementation, and maintenance of a quality management system and to continually improve its effectiveness in accordance with the requirements of ISO 9001:2000 and/or AS9100A – Section 1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Do you have a procedure to describe the quality management system documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you have a procedure to describe the establishment, documentation, and maintenance of a configuration management process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### MANAGEMENT RESPONSIBILITY

1	Do you have a procedure to describe top management's evidence of its commitment to the development and implementation of the quality management system, and for continually improving its effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Assessment		YES	NO	N/A	Notes and Comments
2	Do you have a procedure to describe how top management will ensure that customer requirements are determined and are met, with the aim of enhancing customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you have a procedure to describe how top management shall ensure that the quality policy is appropriate to the purpose of the organization, includes a commitment to comply with requirements and continually improve the effectiveness of the quality management system, provides a framework for establishing and reviewing quality objectives, is communicated and understood within the organization, and is reviewed for continuing suitability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Do you have a procedure to describe how top management will ensure that quality objectives, including those needed to meet requirements for product are established at relevant functions and levels within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have a procedure to describe how top management will ensure that the responsibilities and authorities are defined and communicated within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do you have a procedure to describe how top management will review the organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy, and effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Do you have a process for insuring internal drawings/Engineering/planning conform to approved customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>RESOURCE MANAGEMENT</b>					
1	Do you have a procedure to describe how the organization will determine and provide the needed resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Do you have a procedure to describe how the organization will determine how personnel performing work affecting product quality are competent on the basis of appropriate education, training, skills and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you have a procedure to describe how the organization shall determine, provide and maintain the infrastructure needed to achieve conformity to product requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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	Assessment	YES	NO	N/A	Notes and Comments
4	Do you have a procedure to describe how the organization will determine and manage the work environment needed to achieve conformity to product requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRODUCT REALIZATION</b>					
1	Do you have a procedure to describe how the organization will plan and develop the processes needed for product realization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Do you have a procedure to describe how the organization will determine the requirements specified by the customer, requirements not stated by the customer but necessary for specified or intended use, statutory and regulatory requirements related to the product, and any additional requirements determined by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you have a procedure to describe how the organization will plan and control the design and development of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Do you have a procedure to describe how the organization will ensure that purchased product conforms to specified purchase requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have a procedure to describe how the organization will plan and carry out production and service provisions under controlled conditions, including production documentation, production process changes, production equipment, transferred work, service operations, special processes, identification and traceability, customer property, and preservation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do you have a procedure to describe how the organization will determine the monitoring and measurement to be undertaken and the monitoring and measuring devices needed to provide evidence of conformity of product to determined requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>MEASUREMENT, ANALYSIS AND IMPROVEMENT</b>					
1	Do you have a procedure to describe how the organization will plan and implement the monitoring, measurement, analysis and improvement processes needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Do you have a procedure to describe the measurements of the performance of the quality management system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Assessment		YES	NO	N/A	Notes and Comments
3	Do you have a procedure to describe how the organization will ensure that product which does not conform to product requirements is identified and controlled to prevent its unintended use or delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Do you have a procedure to describe how the organization will determine, collect and analyze appropriate data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of the effectiveness of the quality management system can be made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have a procedure to describe how the organization will continually improve the effectiveness of the quality management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventive actions and management review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Assessment	YES	NO	N/A	Notes and Comments
<p>7. <b>Does your quality system include sampling?</b>            If yes:  <b>In receiving inspection?</b>                If yes:                What authority is the sampling plan based on?                By whom is the sampling plan approved?                Does the plan preclude the acceptance of lots whose samples have known nonconformities?  <b>In Process inspection?</b>                If yes:                What authority is the sampling plan based on?                By whom is the sampling plan approved?                Does the plan preclude the acceptance of lots whose samples have known nonconformities?  <b>In final inspection?</b>                If yes:                What authority is the sampling plan based on?                By whom is the sampling plan approved?                Does the plan preclude the acceptance of lots whose samples have known nonconformities?</p>				

## D. Questionnaire Completion

I certify that the information provided on this Questionnaire is accurate as stated.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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