

Tech Ord Supplier Quality Survey



Supplier Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Complete and Return to:

Tech Ord, a Division of AMTEC
47600 180th St.
Clear Lake, SD, 57226
Attention: Quality Manager
Phone: 605-874-2631
Fax: 605-874-8156

Failure to return completed survey may result in change in supplier status.

This section to be completed by Tech Ord personnel.

Supplier Survey Evaluation

Based on the findings of this survey, Tech Ord Quality Department has determined the Supplier's Quality Assurance Program and over all status to be:

ACCEPTED

CONDITIONALLY ACCEPTED

UNACCEPTABLE

NOTE: Conditionally Accepted and Unacceptable Ratings will require the Supplier to implement corrective Action, as directed by Tech Ord.

Review completed by Tech Ord Quality representative

Printed Name

Title

Signature

Date

Please provide Supplier Product Lines and Services below:

| Supplier Management Personnel | | |
|-------------------------------|-------------|-------------------------|
| <u>Position</u> | <u>Name</u> | <u>Years Experience</u> |
| Plant Manager | | |
| Production Manager | | |
| Engineering Manager | | |
| Quality Manager | | |

Does your Quality Management System conform to the requirements of ISO 9002 or ISO 9001? Yes No N/A

Please specify: _____

Have you been certified by an accredited registrar? Yes No N/A

If yes, please attach a copy of your certificate, sign below and return to Tech Ord.

Printed Name

Title

Signature

Date

NOTE: If your company is not ISO registered, please continue with questionnaire.

SUPPLIER QUALITY SURVEY

| A. <u>ADMINISTRATION</u> | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1 Does the facility have a QC Manual? If so, please provide a copy for our files. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Does your company organizational chart clearly define relationship of Quality Assurance Department to other management functions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do Quality Personnel review customer Purchase orders, drawings and specifications prior to start of production to ensure all planning is in compliance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Are current work instructions, drawings, procedures, etc., readily available at each operation or work station? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. <u>PROCUREMENT CONTROL</u> | Yes | No | N/A |
| 1 Are applicable drawings, specifications, and/or customer requirements properly flowed down to sub-tier suppliers via purchase order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Are purchase orders to sub-tier suppliers reviewed by an authorized representative prior to release to assure requirements are properly defined. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. <u>RECEIVING CONTROL</u> | Yes | No | N/A |
| 1 Does Receiving Inspection check incoming shipments to requirements of the purchase order, referenced specifications, and applicable drawings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Are incoming materials identified to the applicable Purchase Order or material certification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are controls adequate to prevent entry of uninspected materials into stock or manufacturing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Are the inspections performed documented and do records provide evidence or identification of the following:

a. Lot quantity/sample size?

b. Results of inspection?

c. Certification of subcontracted processes?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 Are age-controlled items inspected for date of manufacture or expiration date?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

6 Are inspected materials clearly identified with the inspection disposition status (i.e. accepted, rejected and/or hold)?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

D. MATERIAL STORAGE AND HANDLING

Yes

No

N/A

1 Are materials properly handled and stored to prevent damage, contamination and /or loss?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

2 Are materials properly identified as to their contents or chemical/physical characteristics to prevent error during issuance?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

3 Are materials traceable to the chemical/physical analysis certification of compliance, test documents, or purchase orders?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

E. PROCESS CONTROLS AND IN-PROCESS INSPECTION

Yes

No

N/A

1 Are written procedures for in-process control current and followed?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

2 Are inspection operations and tests during manufacturing performed in accordance with approved written instructions?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

3 Are in-process inspections documented in such a manner as to provide a positive inspection status of the material?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

4 Is non-conforming material promptly identified and segregated?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

| | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| F. | <u>FINAL/END-ITEM INSPECTION</u> | Yes | No | N/A |
| | 1 Do parts/materials receive a final (end-item) piece part Inspection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 Are these inspections documented and do records provide evidence or identification of the following: | | | |
| | a. Lot quantity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Level of inspection (AQL or number of samples)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Results of inspection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | <u>PACKAGING AND SHIPPING</u> | Yes | No | N/A |
| | 1 Are adequate controls in place to ensure good commercial packaging? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 Prior to shipment, is a check made to ensure any data required by the customer P.O. is included with the shipment? (i.e. SDS, Shelf Life and/or Certification) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3 Does the quality organization have the authority to withhold acceptance and stop shipment when materials are suspect or determined to be nonconforming? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | <u>CALIBRATION PROCEDURES</u> | Yes | No | N/A |
| | 1 Are all measuring and test equipment used for final acceptance, calibrated with standards traceable to NIST? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 Is the calibration system documented and structured in accordance with ISO 10012? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, continue to Section I, below. | | | |
| | 3 Does your system provide for a mandatory evaluation of: | | | |
| | a. Measuring/test equipment and standards to maintain established calibration time limits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Product manufactured using out of calibration measuring equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Do calibration/inspection records reflect:

- a. Description/identification?
- b. Calibration interval?
- c. Date of last calibration?
- d. Individual who performed calibration/organization?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I. DRAWING, SPECIFICATIONS AND CHANGE CONTROL PROCEDURES

Yes No N/A

1 Are controls in place to ensure applicable drawings (including change notices) and specifications are used by production and inspection at the time and place of production/inspection operation?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

2 Do procedures provide for adequate controls for issuing changes to:

- a. Shop travelers, router cards, etc.?
- b. Special process instruction or descriptions?
- c. Inspection instruction or plans?
- d. Acceptance Test Procedures?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

J. STATISTICAL SAMPLING

Yes No N/A

1 Do sampling inspection procedures conform to ANSI Z1.4 or other sampling plans?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

If so, please specify sampling plan used: _____

2 Are procedures in place to perform Statistical Process Control, if required?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

K. NONCONFORMING MATERIAL PROCEDURES

Yes No N/A

1 Are there written procedures, which adequately describe the actions required, when materials are determined to be nonconforming?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

2 Are all nonconforming materials adequately and clearly identified as nonconforming or rejected?

| | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|

3 Are all non conforming materials segregated or removed
 from the normal production flow, and when appropriate placed in a controlled area to await disposition?

L. CORRECTIVE ACTION

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1 Is the corrective action system documented, current and followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2 Are defective product and related data analyzed to determine cause and extent of discrepant condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3 Is corrective action required within a prescribed time limit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

M. SPECIAL PROCESSES

| | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1 Are written procedures for special process current and followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2 Are special work specifications, instructions, procedures, provided for complex and special processes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

 Supplier Printed Name

 Title

 Supplier Signature

 Date

Thank you for taking the time to fill out the above survey.
 Tech Ord values you as a supplier and looks forward to doing business with your team.
 Please return this questionnaire to the address indicated on the front page.