Fastener Quality System Questionnaire

Eval	uation	Re-Evaluation
Company Name:		Year Est
		P.O. Box
		Zip +4
		ee:
Website:		
DUNS #: GAGE	Code:	GSA Contract:
		Veteran Owned:YesNo
KEY PERSONNEL:	Title	Email
		l ier tributor Fastener Distributor vider Other:
purchases for parts and/or services mus	t be approved from	e as accurately as possible. We mandate all n External Suppliers and records shall be tion to facilitate our decision-making process
Quali	ty Manageme	nt System
Do you maintain an accredited	Quality Mana	gement SystemYes No
· · · · · · · · · · · · · · · · · · ·		SAE AS9100 SAE AS9120

If "**YES**", please attach a current copy of the registration certificate provided by your registrar and respond to question #7 in the questionnaire below, then sign, date and return to us.

Supplier Questionnaire

- 1. Do you allow customers to audit your facilities / processes? ____ Y ____ N ___ NA
- Do you have a nonconforming material control process that prevents processing and shipment of potential nonconformance's? ____Y ___ N ____ NA
- 3. Do you respond to customer complaints in a timely manner? ____ Y ____ N ____ NA
- Do you perform inspection on products or services and are records maintained?
 Y ____ N ___ NA
- 5. If providing calibration services:
 - A. Are your certifications traceable to NIST? ____Y ____N ____NA
 - B. Are you accredited to a recognized standard, i.e. (ISO, NADCAP, etc.)?

- Do you retain records of processing and verification activities for a minimum of 7 years?
 Y ____ N ____ NA
- Have read and agree with the Terms and Conditions listed on our website?
 Y_N NA
- 8. Do you maintain a counterfeit prevention program to ensure only qualified and approved items are provided? ____Y ___N ___NA
- Are employees competent to perform work affecting product/service quality and are records maintained of training and competency? ____Y ___ N ____ NA

Supplier Representative Signature: ______ Date: ______

Supplier	Risk	Assessment	&	Ap	orov	/al
Supplier	11151	ASSESSMENT	C.		0101	u

Determined Risk: Low Medium HIGH Action Plan:							
Evaluation Results: Completed by: Comments:	Accepted Supplier	Reject Supplier Date:					