



## SUPPLIER QUALITY SYSTEM SURVEY

### Section 1 - Supplier Information

<input type="checkbox"/> Initial Qualification	<input type="checkbox"/> Re-Qualification	
As a current or potential supplier to Continental Machining Co., Inc, please complete this survey and return it within 5 days from receipt.		
Please respond to each question by marking the appropriate answer and providing supplemental comments, as applicable. We thank you in advance for your participation in this program.		
<b>Please Return To:</b>	Continental Machining Co., Inc. Attn: Quality Manager 6824 Washington NE Albuquerque, NM 87109	Phone: (505) 345-2483 Fax: (505) 345-2714 Email: jasonromero@continentalmachiningco.com

<b>Supplier Name:</b>
<b>Street:</b>
<b>City:</b> <span style="float: right;"><b>State:</b></span>
<b>Zip Code:</b> <span style="float: right;"><b>Country:</b></span>
<b>Web Address:</b> <span style="float: right;"><b>Main Phone:</b></span>

**Classification:**  Manufacturer  Distributor  Special Processor  Raw Material  Service Processor  
Refer to applicable flow-down requirement from Continental Machining Co., Inc. website:  
<http://continentalmachiningco.com> (see Supplier Quality Provisions)  
Primary Business Scope (Product/Process)

Business Established (yyyy):	Size of Office/Manufacturing (Sq. Ft.):
Total Number of Employees:	Number of Shifts:
Number of Production Employees:	Number of Quality Dept. Employees:
Is your organization ITAR registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please attach copy)</i>
Is there an Organization Chart available? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please attach copy)</i>
Is there a Quality Manual available? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, please attach copy)</i>

Please indicate the quality systems to which you are registered / approved:

<input type="checkbox"/> ISO 9001 - Expiration Date:	<input type="checkbox"/> AS 9120 - Expiration Date:
<input type="checkbox"/> AS 9100- Expiration Date:	<input type="checkbox"/> NADCAP - Expiration Date:
<input type="checkbox"/> ISO/TS 16949 - Expiration Date:	<input type="checkbox"/> Other Expiration Date:

*(If yes to any of the above certification, please attach a copy)*

Not currently certified, but actively pursuing with planned date to achieve certification:  
Date (MM/DD/YYYY) To  ISO 9001  AS 9100  Other

Not currently certified, but conforms to:  
 Not currently certified with no plan to achieve certification.

Management Personnel		
Name	Title	Phone & email
		Phone: <span style="float: right;">Ext:</span>
		Email:
		Phone: <span style="float: right;">Ext:</span>
		Email:
		Phone: <span style="float: right;">Ext:</span>
		Email:
Survey Completed By:		Phone: <span style="float: right;">Ext:</span>
	Date:	Email:

If you currently hold a third party accreditation as indicated above, please forward a copy of the certification and a completed copy of section 1 of this survey in lieu of completing section 2.



## SUPPLIER QUALITY SYSTEM SURVEY

### Section 2 - Supplier Responses

<b><u>I. QUALITY SYSTEM</u></b>	Yes	No	N/A
1 Do you have a written, management approved Quality Manual?			
2 Are contracts reviewed for any quality requirements prior to work being performed?			
3 Is the quality system documentation periodically reviewed, updated, and approved by management?			
4 Is there a procedure or process to stop the shipment of known nonconforming material?			
5 Does your quality system require that internal audits be performed at established intervals?			
<b><u>II. RECEIVING CONTROL</u></b>			
1 Does your receiving department utilize a receiving log?			
2 Is your raw stock properly identified at receiving?			
3 Does your system preclude the use of materials received which are either discrepant or have not been inspected?			
4 When products / materials are accepted on a certificate of conformance / test reports, do you perform periodic audits of the reports / certifications to the established standards?			
5 Do your receiving procedures adequately address how to handle discrepant material?			
6 Do you implement Suspect Counterfeit Identification procedures?			
<b><u>III. MATERIAL HANDLING and STORAGE</u></b>			
1 Are limited shelf life items controlled, properly maintained and labeled as required?			
2 Do you have controls in place to properly segregate customer material and to ensure its use in the intended end item?			
3 Do you maintain a system for the positive identification of discrepant material? By what means? Circle all that apply: Tags / Forms / Stamps / Other:			
4 Do you maintain procedures for the safe handling, storage, and packaging of the product processed at your facility?			
<b><u>IV. CALIBRATION SYSTEM</u></b>			
1 Does your company have written procedures for the control and calibration of all equipment used for inspection and acceptance purposes?			
2 Does your calibration system meet the requirements of ISO9001?			
3 Is all inspection equipment labeled as to their calibration status?			
4 Does the status include date calibrated, date due, and calibrated by?			
5 Does your system provide for a mandatory recall of calibrated equipment?			
6 Are certifications on file reflecting standards calibration status that is traceable to NIST?			
7 Is new or reworked equipment calibrated prior to use?			
8 If used for acceptance, are employee owned tools / gauges subject to the same controls as company owned equipment?			



### SUPPLIER QUALITY SYSTEM SURVEY

<b>V. INSPECTION SYSTEM</b>				
1	Are documented procedures for receiving, in-process, test, and final inspection activities established, followed, and maintained?			
2	Are quality records maintained (tests, inspection reports, certifications, etc)? How long are they maintained?			
3	Do you have a system to positively control and verify inspection status throughout manufacturing?			
4	Do you keep a log of issued inspection stamps?			
5	Does your company employ statistical process control (SPC)?			
<b>VI. MANUFACTURING, ENGINEERING, and DOCUMENT CONTROL</b>				
1	Do your work travelers / routers note pre-planned and adequate inspection points?			
2	Are traceable records maintained for each lot of parts manufactured?			
3	Does your company have procedures to assure that only current drawings, specifications, and procedures are utilized during the manufacturing and inspection processes?			
4	Are obsolete, marked up, or illegible drawings, specifications, and procedures removed from the production areas so as to preclude their use during manufacturing and inspection?			
5	Do you have procedures to handle changes to work orders that are in process?			
<b>VII. PROCUREMENT CONTROL</b>				
1	Are procedures in use to assure that only qualified suppliers are used for the procurement of supplies, services, and materials?			
2	Are purchase orders reviewed for the necessary inclusion and flow down of any quality requirements?			
<b>VIII. NON-CONFORMING MATERIAL and CORRECTIVE ACTION SYSTEM</b>				
1	Are there procedures on the proper handling and identification of non-conforming material?			
2	Are nonconformance areas clearly marked and being utilized?			
3	Are there adequate procedures for the handling of customer complaints and the answering of corrective action requests?			
4	Do you maintain a documented corrective action system?			
5	Are customer corrective action requests handled within the specified time frame?			
6	Are corrective action requests issued to your suppliers upon receipt of discrepant material?			

Supplier Signature:	Title:	Date:
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#### FOR CONTINENTAL MACHINING CO. USE ONLY

Reviewed By:	Date:	Disposition	Next Review Due Date
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Remarks:			