



## SUPPLIER QUALITY SURVEY

This form is used to monitor and verify the supplier's quality management system, certifications and services.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Quality E-Mail Address: \_\_\_\_\_

Services Provided: \_\_\_\_\_

Date and revision of your Quality Manual: \_\_\_\_\_

Which Standard(s) is your Quality System based upon? \_\_\_\_\_

List and attach copies of current third-party certifications (ISO, Nadcap, AS, etc.): \_\_\_\_\_

Which Standard is your calibration system based upon? \_\_\_\_\_

Do you perform 100% inspection? Yes  No  Procedure No.: \_\_\_\_\_

### CHECK THE FOLLOWING IF ADDRESSED BY YOUR QUALITY MANUAL AND/OR PROCEDURES

- |                                     |                          |                                                           |                          |
|-------------------------------------|--------------------------|-----------------------------------------------------------|--------------------------|
| Management Reviews of the QMS       | <input type="checkbox"/> | Shipping inspection                                       | <input type="checkbox"/> |
| Organizational chart (Company & QA) | <input type="checkbox"/> | Internal Auditing                                         | <input type="checkbox"/> |
| Contract review                     | <input type="checkbox"/> | Control of Government and/or Customer furnished equipment | <input type="checkbox"/> |
| Corrective and Preventive action    | <input type="checkbox"/> | Storage, Preservation, Packaging & delivery               | <input type="checkbox"/> |
| Nonconforming Material control      | <input type="checkbox"/> | Stamp control                                             | <input type="checkbox"/> |
| Document and Data control           | <input type="checkbox"/> | Measuring and Test Equipment control                      | <input type="checkbox"/> |
| Purchase control                    | <input type="checkbox"/> | Personnel Training / Certification                        | <input type="checkbox"/> |
| Process control                     | <input type="checkbox"/> | Quality records control                                   | <input type="checkbox"/> |
| Receiving Inspection                | <input type="checkbox"/> | Statistical process control                               | <input type="checkbox"/> |
| In-Process Inspection               | <input type="checkbox"/> | Final Inspection                                          | <input type="checkbox"/> |

MICOR Quality Manual can be found at <http://micorind.com>

Senior QA Official: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For MICOR use only:    Conditional     Approved     Preferred     Disapproved

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QA Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_