



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

QA Signature: _____ Title: _____ Date: _____