**Supplier Quality Survey**

This report is intended to supply C&H Machine with data relative to the capabilities of the supplier. Complete this survey and return to C&H Machine, along with copies of any applicable certifications/documentation requested within the next 15 days.

**All fields marked with an (\*) require data input.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Company Name:** | | | | |  | | | | | | | | | | | | | | | **Cage Code:** | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Address:** | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*City:** | |  | | | | | | | | | **\*State:** | | |  | | | | | **\*Zip Code:** | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Phone No:** | | | |  | | | | | | | | | **Website:** | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Type of Business:** | | | | | | | | Manufacturer | | | | | Distributor | | | | | | | | Service | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Size of company (sq. ft)** | | | | | | | |  | | | | | **Current Capacity %** | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Business Classification:** | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\* Number of Employees:** | | | | | | | Quality | | |  | | | | | | | Engineering | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Production | | | |  | | | | | | | Total Employees | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Principal Service/Product:** | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Capabilities (see page 4):** | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **Organization** | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Head of Quality Management | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | Title: | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | E-mail: | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| \*Head of Manufacturing | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | Title: | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | E-mail: | | |  | | | | | | | | | |
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| \*Quality Contact | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | Title: | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | E-mail: | | |  | | | | | | | | | |
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| **Person Completing Survey** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | Title: | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | E-mail: | | |  | | | | | | | | | |
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| **Risk – Self Assessment** | | | | | | | |
|  |  | **1) Supplier Name** | **2) Supplier Address** | | | **3) Date** | |
|  |  | | |  | |
| **PRODUCT RISKS** | **RISK LEVEL** | | | | | **4) RISK LEVEL** |
| **1** | **2** | **3** | **4** | |
| **1** | Product Complexity | Detail | Minor Assembly | Major Assembly | Large Scale Integration | |  |
| **2** | Special Process Approvals / Complexity | None | (1) Process | (2-3) Processes | > (3) Processes | |  |
| **3** | Measurement / Inspection Capability | Quality / Inspection Plans Created | Inspections Defined and Planned | Limited Inspection Steps | Inability to Inspect Product | |  |
| **4** | Tooling Management Process | Full Periodic / Calibration | Limited Periodic / Calibration | Visuals Only | None | |  |
| **5** | Sub-Tier Controls | Requirements Flowed through & validated | PO Review | Some PO Notes | None | |  |
| **6** | FOD Control Program | Fully Deployed | Limited Deployment | Awareness Only | None | |  |
| **7** | Counterfeit Parts / Material Control Program | Fully Deployed | Limited Deployment | Awareness Only | None | |  |
| **8** | Control of Nonconforming Product | High Level of Control and Corrective Action | High Level of Control | Limited Control | None | |  |
| **9** | Variation Management Process | Full Control of Key Characteristics | SPC Applied | Training Only | None | |  |
| **10** | Contract Review Process | Multi-Functional Review Process | Single Review Process | Limited Application | None | |  |
| **11** | Lean Manufacturing / Continuous Integration Program | Fully Deployed Lean/CI Program | Limited Deployment | Awareness Only | None | |  |
| **12** | Workplace Environmental (Temp/Humidity) | Fully Deployed thru Facility | High Level of Control | Limited Controls | None | |  |
|  | **SUPPLIER / SYSTEM RISKS** | **RISK LEVEL** | | | | | **4) RISK LEVEL** |
| **1** | **2** | **3** | **4** | |
| **13** | Certified to AS9100 Latest Rev | Certified | Certification Audit Scheduled | Certification Process Planned | No Plan to Certify | |  |
| **14** | Delivered Quality All Customers | > 98% | 95-98% | 90-95% | Less than 90% | |  |
| **15** | On Time Delivery All Customers | > 98% | 95-98% | 90-95% | Less than 90% | |  |
| **16** | Available Capacity for New Business | Capacity Available | Capacity Improvements Planned | Limited Capacity | None | |  |
| **17** | Resource Constraints (Operations/Engineering) | None | Some | Multiple | Not Understood or Identified | |  |
| **18** | Export / Import Restrictions | None | Identified and Planned For | Identified with No Plan | Not Understood or Identified | |  |
| **19** | Biggest Single Customer % of Sales | Up to 25% | 26-50% | 51-75% | > 75% | |  |
| **20** | Stability – Years in Business | > 10 | 6 to 10 | 3 to 5 | < 2 | |  |
| **21** | Location – Logistics | Local to C&H Machine (Within State) | North America | International – Americas | International – Out of Americas | |  |
| **22** | Economic / Social Factors for Region | No Risk of Unrest | Low Risk of Unrest | Medium Risk of Unrest | High Risk of Unrest | |  |
| **23** | Natural Disaster Risks | None | Low | Medium | High | |  |
| **24** | Recent or Planned Change of Ownership | No Risk Identified | Low Risk Identified | Medium Risk Identified | High Risk Identified | |  |
|  |  | **Name / Date** | **Title** | **Name / Date** | **Title** | | **0.00** |
| **5) Prepared by:** |  |  |  |  | |
|  | **Instructions for filling out Risk Assessment (enter data in the light green fields above):** | | | | | |  |
|  | 1. Enter company name | | | | | |  |
|  | 1. Enter facility address | | | | | |  |
|  | 1. Enter the date completed. | | | | | |  |
|  | 1. Enter a Risk Level value of 1 thru 4, which you feel is appropriate for each of the 24 lines above. | | | | | |  |
|  | 1. Enter preparer name(s) / date and title of preparer (if more than one, enter all) | | | | | |  |

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| **Approvals and Certifications** List all 3rd party system certifications (such as, but not limited to, AS9100, AS9120, ISO 9001, ISO 14001, ISO 17025, etc.) | | |
| **Certification Description** | **Expiration Date** | **Certification #** |
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| **Nadcap Special Process Certifications** | | |
| **Process** | **Expiration Date** | **Certification #** |
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| **Trade Compliance Regulations** | | | |
| --- | --- | --- | --- |
| 1. If your organization is engaged in the U.S., in the business of either exporting, manufacturing, or brokering items subject to the International Traffic in Arms Regulations (“ITAR”), 22 CFR 120-130, are you registered with the Directorate of Defense Trade Controls (“DDTC”) in accordance with CFR 122.1 and 129.3 & do you have a working knowledge of U.S. government export regulations, including those imposed by the U.S. Department of State, DDTC, ITAR and the U.S. Department of Commerce, BIS and EAR? | | | |
| *A “YES” response to this question requires you to provide C&H Machine with a “****Redacted****” copy of your registration letter. (Redacted means the registration code in both the header and in paragraph 1 have either been removed or made non-legible).* | Yes | No | N/A |
| 1. Does your organization maintain an effective export/import compliance program in accordance with DDTC (Directorate of Defense Trade Controls) guidelines? | Yes | No | N/A |
| 1. Does your organization have a working knowledge of DCMA’s DPAS Rating System? | Yes | No | N/A |
| 1. Does your organization have a working knowledge of NIST 800-171 related to DFARS clause 252.204-7012 & are in process of achieved CMMC readiness? | Yes | No | N/A |
| 1. Does your organization engage in offshore manufacturing or employ nationals of any countries of than your company’s country of incorporation? If so, please provide country & nationalities(s): | Yes | No | N/A |

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| --- | --- | --- | --- |
| **If your Quality System is certified to ISO9000, AS9000 or any Aerospace Prime, stop here. Please sign this questionnaire below and return it along with copies of all your certifications.**  **If not, please complete this entire survey.** | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |

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| --- | --- | --- |
|  | **VENDOR CAPABILITIES CODES** |  |
|  |  |  |
| 1 | FUSION WELDING | |
| 2 | RESISTANCE WELDING | |
| 3 | ELECTRON BEAM WELDING | |
| 4 | PLATING |  |
| 5 | PRIMING &/OR PAINTING |  |
| 6 | CONVENTIONAL MACHINING (SUBTRACTIVE) | |
| 7 | NON-CONVENTIONAL MACHINING   1. EDM 2. WIRE EDM 3. CHEM-MILL 4. PHOTO-CHEMICAL ETCHING 5. ADDITIVE MANUFACTURING (3D PRINTING) | |
| 8 | HEAT TREAT | |
| 9 | TESTING - MECHANICAL/CHEMICAL | |
| 10 | BRAZING   1. TORCH 2. INDUCTION |  |
| 11 | NON-DESTRUCTIVE TESTING | |
| 12 | CLEANING ABRASIVE/SOLVENT | |
|  | A-SOLVENT | |
|  | B-ALKALINE | |
|  | C-PASSIVATE | |
|  | D-ULTASONIC | |
|  | F-DEGREASE | |
|  | G-DESCALE | |
|  | H-DEOXIDIZE | |
| 13 | LASER CUTTING / WATER CUTTING (WATERJET) | |
| 14 | FORMING/SHEET METAL | |
| 15 | GASKET / FASTENING / LOCKING ELEMENT(S) INSTALLATION | |
| 16 | CASTING/FORGING |  |
| 17 | CALIBRATION | |
| 18 | RAW MATERIAL SUPPLIER/MANUFACTURER | |
| 19 | TOOLING |  |
| 20 | QUALITY SYSTEM | |
| 21 | MISC | |

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| **SUMMARY OF EVALUTION** (To be filled out by C&H Machine) | | | | | | | | | |
|  | | | | | | | | | |
| Approved: |  | | | | Disapproved: |  |  | | |
|  | | | | | | | | | |
| Signature: | |  | | | | | | Date: |  |
|  | | | | | | | | | |
| Approved Capabilities: | | | |  | | | | | |
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| Comments: | | |  | | | | | | |

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| **EVALUATION** |

| **Leadership** | | | |
| --- | --- | --- | --- |
| 1. Does the organization have a defined and documented quality policy? | Yes | No | N/A |
| 1. Is there a current quality manual? Revision:      Date: | Yes | No | N/A |
| 1. Is there a current organization chart defining responsibility and authority of personnel affecting quality? If so, please supply. | Yes | No | N/A |
| 1. Does management review the quality system at defined intervals? | Yes | No | N/A |
| 1. Are records of management reviews maintained? | Yes | No | N/A |

| **Planning** | | | |
| --- | --- | --- | --- |
| 1. Have quality planning activities been documented defining how the requirements for quality will be met? | Yes | No | N/A |
| 1. Have production processes that directly affect quality been identified and planned? | Yes | No | N/A |

| **Support – Competence** | | | |
| --- | --- | --- | --- |
| 1. Are training needs identified and maintained? | Yes | No | N/A |
| 1. Have personnel performing specific tasks been qualified based on the appropriate education, training, and/or experience, as required? | Yes | No | N/A |
| 1. Are records of training maintained? | Yes | No | N/A |

| **Support – Documented Information** | | | |
| --- | --- | --- | --- |
| 1. Have documented procedures supporting the quality system been prepared? | Yes | No | N/A |
| 1. Have the documented procedures been implemented? | Yes | No | N/A |
| 1. Have changes to documents and data been reviewed and approved? | Yes | No | N/A |
| 1. Is there a documented procedure to ensure only current documents and data are used? | Yes | No | N/A |
| 1. Is there a documented change control system? | Yes | No | N/A |
| 1. Have documented procedures been established and maintained for identification, collection, storage, maintenance, and disposition of quality records? | Yes | No | N/A |
| 1. Have retention times for quality records been established? | Yes | No | N/A |
| 1. When agreed to contractually, will quality records be made available for evaluation by the customer or their representative for an agreed period? | Yes | No | N/A |

| **Support – Monitoring and Measuring Resources** | | | |
| --- | --- | --- | --- |
| 1. Is a system maintained for periodic calibration of measuring and test equipment? List the standard it conforms to: | Yes | No | N/A |
| 1. Is responsibility for periodic calibration established? | Yes | No | N/A |
| 1. Is measuring and test equipment inspected and calibrated prior to use? | Yes | No | N/A |
| 1. Do measuring and test equipment records, and labels indicate the date of last calibration, person performing the calibration and when the next calibration is due? | Yes | No | N/A |
| 1. Are measurement standards traceable to the National Institute of Standards and Technology (NIST)? | Yes | No | N/A |
| 1. Are environmental controls adequate? | Yes | No | N/A |

| **Operation – Operational Planning and Control** | | | |
| --- | --- | --- | --- |
| 1. Are workmanship criteria specified in the clearest practical manner? | Yes | No | N/A |
| 1. Is there a documented preventive maintenance system? | Yes | No | N/A |
| 1. Have documented procedures for the control of verification, storage, and maintenance of customer supplied product been established and maintained? | Yes | No | N/A |
| 1. Has a FOD prevention program been implemented? | Yes | No | N/A |
| 1. Is any product that is lost, damaged, or unsuitable for use, recorded and reported to the customer? | Yes | No | N/A |
| 1. Has a Counterfeit Part Prevention program been implemented? | Yes | No | N/A |

| **Operation – Requirements for Products and Services** | | | | |
| --- | --- | --- | --- | --- |
| 1. Have documented procedures been established for contract review to ensure that: | |  |  |  |
| * 1. Requirements are adequately defined and documented? | Yes | | No | N/A |
| * 1. Accepted contract requirements differing from quote are resolved? | Yes | | No | N/A |
| * 1. You have the capability to meet contract requirements? | Yes | | No | N/A |
| 1. Have documented procedures for amendments to contracts been established? | Yes | | No | N/A |

| **Operation – Design and Development of Products and Services** | | | |
| --- | --- | --- | --- |
| 1. Do established and maintained documented procedures exist to control and verify the design of the product to ensure specified requirements are met? | Yes | No | N/A |
| 1. Are design input requirements relating to your products, and any applicable statutory and regulatory requirements that apply, identified, documented, and reviewed for accuracy? | Yes | No | N/A |
| 1. Do design inputs take into consideration results of any contract review activities? | Yes | No | N/A |
| 1. Do design output requirements: |  |  |  |
| * 1. Meet the design input requirements? | Yes | No | N/A |
| * 1. Contain or reference to an acceptable criterion? | Yes | No | N/A |
| * 1. Identify those characteristics of the design that are crucial in the safe and proper functioning of the product, such as operation, storage, handling, maintenance, and disposal requirements? | Yes | No | N/A |

| **Operation – Control of Externally Provided Processes, Products, and Services** | | | |
| --- | --- | --- | --- |
| 1. Are suppliers evaluated and selected based on their ability to meet your requirements? | Yes | No | N/A |
| 1. Do purchasing documents contain data clearly describing product ordered? | Yes | No | N/A |
| 1. Is there a supplier corrective action system? | Yes | No | N/A |
| 1. Have quality records of acceptable suppliers been established and maintained? | Yes | No | N/A |
| 1. Has the type and extent of control exercised over suppliers been defined? | Yes | No | N/A |
| 1. Are purchase orders reviewed and approved prior to issue? | Yes | No | N/A |
| 1. Do purchase orders flow down all applicable customer requirements? | Yes | No | N/A |
| 1. Has a Counterfeit Parts Program requirement been flowed down to sub-tier suppliers? | Yes | No | N/A |

| **Operation – Production and Service Provision** | | | |
| --- | --- | --- | --- |
| 1. Have documented procedures for the control of verification, storage, and maintenance of customer supplied product been established and maintained? | Yes | No | N/A |
| 1. Where traceability is a specified requirement, have documented procedure for unique identification of individual product or lots/batches been established and maintained? | Yes | No | N/A |
| 1. Where appropriate, have documented procedures for identifying the product by suitable means from receipt through all stages of production been established and maintained? | Yes | No | N/A |
| 1. Have documented procedures for handling, storage, package, preservation, and delivery of product been established and maintained? | Yes | No | N/A |
| 1. Do controls exist for limited life material identification and storage? | Yes | No | N/A |
| 1. Are environmental conditions compatible with stored items, parts, and assemblies? | Yes | No | N/A |
| 1. Is there a system ensuring those customer requirements for identification, packaging, and documentation are complied with? | Yes | No | N/A |
| 1. Are packaging and preservation operations under Quality surveillance? | Yes | No | N/A |
| 1. Does the system ensure that all items have passed required inspection and test prior to shipping? | Yes | No | N/A |

| **Operation – Control of Nonconforming Outputs** | | | |
| --- | --- | --- | --- |
| 1. Is there a procedure that provides for segregation, identification, and documentation of discrepant material? | Yes | No | N/A |
| 1. Does the procedure assign responsibility for disposition (e.g., MRB, submit to customer)? | Yes | No | N/A |
| 1. Are procedures provided for repair or rework of nonconforming material? | Yes | No | N/A |
| 1. Are returned goods identified and controlled? | Yes | No | N/A |
| 1. Is reworked or repaired material reinspected to original acceptance criteria? | Yes | No | N/A |

| **Performance Evaluation** | | | |
| --- | --- | --- | --- |
| 1. Have documented procedures been established and maintained for conducting internal quality audits? | Yes | No | N/A |
| 1. Are internal quality audits carried out by personnel independent of the activity being audited? | Yes | No | N/A |
| 1. Are the results of internal quality audits recorded? | Yes | No | N/A |

| **Improvement** | | | |
| --- | --- | --- | --- |
| 1. Have documented procedures been established and maintained for implementing corrective action? | Yes | No | N/A |
| 1. Is a system maintained which assigns responsibility and implements corrective action? | Yes | No | N/A |
| 1. Is corrective action documented and available for customer/government review? | Yes | No | N/A |
| 1. Does the procedure provide for discrepancy trends, data analysis, requirement improvement and corrective action feedback? | Yes | No | N/A |
| 1. Are records of corrective actions maintained and available for review upon request? | Yes | No | N/A |