



Supplier Quality System Survey

F-742-01 Supplier Quality System Survey

Rev: 007

CODE _____
EXP ____/____/____
CERT ____/____/____

Company Name: _____ Phone: _____ Fax: _____
Street Address: _____ City: _____ State/Zip: _____
President / General Manager _____ Quality Manager: _____
Contact E-Mail: _____ Website: _____ Building Sq/Ft: _____
Years in Business: ____ Employees: ____ Inspectors: ____ Broker Distributor Manufacturer
Principal Product / Services: _____

ALL "No" and "N/A" check marks may be subject to further inquiry.

- | | YES | NO | N/A |
|--|--|--|--|
| 1. Is your company ISO 9001:2008 / AS9100C CERTIFIED?
ISO 9001:2015 / AS9100D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (IF YES, STOP HERE: Attach a copy of your certificate and organization chart, SIGN BELOW and return. If not, please continue answering the following questions.) | | | |
| 2. Is your company working towards ISO / AS Quality System Certification?
If so, what year expected: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your company have a Quality Manual?
(If yes, is it readily available for all employees and customers to review) | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 4. What Major Customers / Government Agencies have approved your QMS (Quality Management System)?
_____ | | | |
| 5. Does your company supply Certificates of Conformance with all shipments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Calibration System comply with ISO 10012 / MIL-STD-45662A /ANSI-Z-540.1? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are Internal Audits performed to verify the effectiveness of your QMS ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your company's Inspection Procedures comply with: (check all that apply) | | | |
| <input type="checkbox"/> a. Mil-Q-9858A Quality Program Requirements | | | |
| <input type="checkbox"/> b. Mil-I-45208A, Inspection System Requirements | | | |
| <input type="checkbox"/> c. MIL-STD-105D / ASQ /ANSI-Z1.4 / Z1.9 Sampling Inspection | | | |
| <input type="checkbox"/> d. <input type="checkbox"/> ISO9001:2008/2015 <input type="checkbox"/> AS9100C/D <input type="checkbox"/> NADCAP <input type="checkbox"/> Other _____ | | | |

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS QUESTIONNAIRE IS COMPLETE AND ACCURATE.

Name: _____ Authorized Signature _____ Date: _____

***** DO NOT WRITE BELOW THIS LINE *****

Evaluation of Suppliers Quality System Survey

Date Sent to Supplier: ____/____/____	On-Site Quality Audit required? Yes <input type="checkbox"/> No <input type="checkbox"/>	CODE:.....
Date Received: ____/____/____	Date On-Site: ____/____/____	
Date Next Audit: ____/____/____	Comments: _____	
Date Cert Expire: ____/____/____		
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Add / Update / Remove - APPROVED SUPPLIER LIST	
_____ Date: ____/____/____	_____ Date: ____/____/____	
Quality Department	Business Operation	

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