

SUPPLIER SURVEY
(Form 74-02; Rev.02; 03/15/12)
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Supplier: _____ Date: _____

Address _____

Phone _____ FAX _____

Product or Service Supplied _____

Number of Employees _____ Q.A. Mgr. _____

Reports to: _____ Title: _____

1. QUALITY SYSTEM:

Will you allow Carver Machine Works, its customers, and Regulatory agencies to determine and verify the quality of work, records, and material at any place including your plant? Y N

Will you inform Carver Machine Works, of nonconforming material or service, if it is discovered before, during, or after shipment to Carver Machine Works? Y N

Do you have your own Quality Manual? Y N

Do you have your own written procedures? Y N

Will only facilities operating under the corporation's QMS ship products to CMW? (Only facilities operating under the corporation's QMS are qualified to ship products to CMW) Y N

ISO 9001, NADCAP, ISO/IEC 17025, or other Accreditation Y N

(If you are ISO 9001, NADCAP, ISO/IEC 17025, or otherwise accredited, enclose a copy of the certificate, and go directly to section 9. and fill out that section. There is no need to fill out Sections 2 . through 7.)

2. INCOMING INSPECTION:

Are incoming items held pending inspection results? Y N

Are items tagged and identified where Possible? Y N

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Are defective items segregated? Y N

Is there a written procedure that describes traceability Y N

If certificates are used, are they periodically verified? Y N

3. NONCONFORMING MATERIAL:

Is 100% inspection performed if items are found to be defective? Y N

Is a nonconformance report generated? Y N

Is corrective action performed? Y N

If rework/repair is possible, is the item re-inspected? Y N

Are records of nonconformances and corrective actions maintained? Y N

Are root causes addressed in corrective actions? Y N

4. INSPECTION AND TEST STATUS:

Is inspection status maintained through the entire process? Y N

Is there a system to maintain lot identity? Y N

Do you mix lots? Y N

5. CALIBRATION:

Is testing and inspection equipment calibrated? Y N

Is there a written procedure for calibration? Y N

Does this procedure address review if

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out of tolerance conditions are encountered?	Y	N
Are records of calibration maintained?	Y	N
Is calibration traceable to NIST?	Y	N
Is equipment identified as to calibration status?	Y	N

6. FINAL INSPECTION:

Are items held pending final inspection results?	Y	N
Are items tested?	Y	N
Are there records of final inspection?	Y	N

7. DELIVERY AND SERVICE:

Do you provide certifications at the time of delivery?	Y	N
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8. COMMENTS:

(Add any comments about the items/service provided, or information on this survey)

9. IDENTIFICATION:

Name: _____ Title: _____

Signature: _____ Date: _____

(Signature means that the pages of this survey have been completely filled out and accurately represent the Quality System at your facility).