



VALCOR SUPPLIER QUALITY SURVEY FORM

GENERAL INFORMATION

Supplier's Name			Street Address		
City	State	Zip	Phone	Fax	Website
Major Product/Process					

CHECK APPLICABLE BOXES

For VALCOR use Only

- ☐ Approved
☐ Disapproved
☐ Conditional

Approved By: _____ Date _____

SURVEY TYPE:

- ☐ Self Evaluation
☐ On-Site Evaluation
☐ 3rd Party

SURVEY CLASSIFICATION:

- ☐ Distributer
☐ Processor
☐ Manufacturer
☐ Other _____

KEY SUPPLIER MANAGEMENT PERSONNEL

OF EMPLOYEES

President/ Owner	Quality Mgr. Name	Total Personnel	Manufacturing	Engineering								
Sales/Service	Production	Quality Assurance	Quality Control Inspection									
Engineering	Other	BUILDING/FACILITIES										
To whom does the Quality Organization report to?		Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	Square Footage									
		Established since										
Is a current organization chart available?		% of Manufacturing Capacity Utilized										
<table border="1"><tr><td>YES</td><td>NO</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	Is security clearance required? <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr></table>			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	NO											
<input type="checkbox"/>	<input type="checkbox"/>											
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>									

NAME OF MAJOR CUSTOMERS: THREE (3) MINIMUM

CUSTOMER NAME	APPROVAL DATE	CUSTOMER NAME	APPROVAL DATE

QUALITY PROGRAM

Do you have a written quality manual?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If yes, Title of Q.A. Manual _____ Rev _____ Date _____

Does your quality program meet the following (check all those applicable)

For suppliers ISO-9001, AS9100, NADCAP, and/or 17025 accredited: complete the above section only, and sign the last page. Include a copy of your certificates and your Quality Assurance Manual.

<input type="checkbox"/> MIL-Q-9858A	<input type="checkbox"/> MIL-I-45208A	<input type="checkbox"/> MIL-STD-45662
<input type="checkbox"/> AS9001	<input type="checkbox"/> ISO-9001	<input type="checkbox"/> NQA-1
<input type="checkbox"/> 10CFR50, Appendix B	<input type="checkbox"/> ANSI N45.2	<input type="checkbox"/> ISO 17025
<input type="checkbox"/> NADCAP	<input type="checkbox"/> A2LA	

If none of the above are applicable, describe the Quality Management System:



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SPECIAL PROCESS

For each special process performed in-house and at sub-tier suppliers, list the processes and governing specifications and standards (AWS D17.1, J-STD-001, AMS2700, etc.). **Attach supporting evidence that substantiates process approval.**

Process	Specification(s)	Standard(s)	Expiration Date
Welding			
Soldering			
Plating			
Painting			
Surface			
Finishing			
Other			

SUPPLIER SELF EVALUATION QUESTIONNAIRE

1.0	MANUFACTURING CONTROL & INSPECTION	YES	NO	N/A
	A. Is there a definite training program for inspectors & other personnel whose job function affects product quality? On job training, Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Are inspections documented and do records provide evidence of the following: Lot quantity, Level of inspection, result of inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Are incoming parts/material inspected to verify compliance to PO requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Are end products inspected/tested before delivery to customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Does the program provide provision of material traceability where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Do you use Statistical Process Control (SPC) to control major processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Is sampling inspection utilized? Based on what plan? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Does the program address retention time of inspection records? _____ months/years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I. Is software, when used in the manufacture and inspection of product, controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.0	CALIBRATION CONTROL	YES	NO	N/A
	A. Is there a gauge calibration system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Do you allow the use of personal gauges?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Are procedures in effect which describe the method and frequency of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Is measuring and test equipment marked to indicate calibration status and when next calibration is due?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Is adequate measuring equipment available to inspection for verifying conformance of supplies/materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	F. Is there an evaluation recall and notification procedure of hardware inspected by a gauge later found to be out of tolerance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.0	PROCUREMENT/ MATERIAL CONTROL	YES	NO	N/A
	A. Are procurement sources controlled to assure that all procured material meets all imposed requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Is a list of approved sources maintained and periodically reviewed for status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Are certifications/test reports of purchased material required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.0	EVALUATION OF SUBCONTRACTORS	YES	NO	N/A
	A. Are the records of acceptable subcontractors such as an "Approved Supplier List" or other such document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Is there confirmation that the quality system controls are effective at the subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.0	DOCUMENT CONTROL POLICY	YES	NO	N/A
	A. Has a process been established to control all documents, data, and engineering drawing that relate to the purchase order, including to the extent applicable, external standards, and customer drawings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Is there a system for identification/ retrieval/ removal of obsolete documents from all points of issue or use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Are all inspection records being kept and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.0	NON-CONFORMANCE AND CORRECTIVE ACTION	YES	NO	N/A
	A. Is control established to prevent nonconforming material from inadvertent use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Does the Material Review Board consist of both Engineering and Quality Personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Is corrective action obtained on significant or repetitive non-conformance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Is customer authorization obtained before delivering items that deviate from contractual requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Do you perform Internal Audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.0	PACKAGING/SHIPPING/STORAGE	YES	NO	N/A
	A. Are procedures written controlling the preservation, packaging, and shipping processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Do you maintain in-house or subcontracted packaging facility to meet special customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Is material with life, age or other limitations controlled and identifiable to the limitation and remaining usefulness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.0	HOUSEKEEPING/SAFETY	YES	NO	N/A
	A. Do you enforce 6S?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Are facilities equipped with automatic sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Does facility have well marked and well located fire protection equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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9.0	DO YOU HAVE A GOVERNMENT INSEPECTOR?	YES	NO	N/A
	Resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Itinerant: Agency Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF-EVALUATION SURVEY PARTICIPANTS

I certify the above Self-Evaluation Survey has been completed in accordance with our Quality Assurance procedures and is accurate and correct.

Surveys without a supplier signature will not be accepted.

Filled Out By: _____ Date: _____
(Print Name)

Signature: _____