



## Vendor Quality Survey

Vendor Information	
Vendor Name: _____	Date: _____
Address: _____	City: _____
State: _____ Zip Code: _____	Contact Name: _____
Telephone #: _____	Fax #: _____
Email: _____	

Quality Contact Name	
Quality Contact Email: _____	
Telephone #: _____	Signature: _____

Authorized Company Official Completing Survey	
Name of Authorized Individual Completing Survey: _____	
Title: _____	Telephone #: _____
Fax #: _____	Signature: _____

Thank you for your timely response and we look forward to doing business with you.

*NOTE: you may use your own form survey form instead of this document.*

Type of business product: \_\_\_\_\_

Number of employees: \_\_\_\_\_

What percentage of your production capacity is booked? \_\_\_\_\_

Will any of our purchases be outsourced? \_\_\_\_\_

Please attach copies of the following documents:

- *Quality Manual*
- *Process Capabilities*
- *Other*

### Section A: Quality Organization

1. Does your company have a Quality Assurance department?  Yes  No\*

*\*If the response is no, briefly explain how quality is implemented:*

2. Is your quality system compliant to the specifications listed?

ISO 9000 series  NADCAP  AS9100

Other applicable systems: \_\_\_\_\_

3. To whom does the quality organization management report?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

4. Does your quality organization have a quality manual?  Yes  No

5. Do other customers currently approve your quality system?  Yes\*  No

*\*If the response is yes, please provide a list of company approvals:*

6. Do you have government inspection performed at this facility?  Yes\*  No

*\*If the response is yes, please specify branch: \_\_\_\_\_*

7. What is your record retention time for quality documents? \_\_\_\_\_

8. Does your company have objections to on-site customer inspections?

Yes  No



If you are certified to ISO 9000, AS9100 or NADCAP, **stop** at this point and return the survey along with a copy of your certificate. It is the responsibility of an approved supplier to ensure Cherokee Nation Businesses receives a current copy of your certificate upon renewal.

### Section B: Inspection and Test

1. Does this facility conduct receiving inspection activities?  Yes  No

2. Is there in-process inspection activity at this facility?  Yes  No

3. Are in-process inspection records retained on file?  Yes  No

4. Is there final inspection activity and are records retained at this facility?

Yes  No

5. Are First Article Inspections conducted and F.A.I. records retained at this facility?

Yes  No

**Section C: Control of Suppliers**

1. Is there a procedure for selection of suppliers?  Yes  No
2. Are suppliers monitored for performance?  Yes  No

**Section D: Calibration**

1. State which specification your calibration system is compliant to:
2. Does calibration equipment carry identification for calibration interval, calibration due date?  Yes  No
3. Is calibration activity conducted in house?  
Out sourced?  Yes  No
4. Are calibration standards traceable to N.I.S.T.?  Yes  No

**Section E: Processes**

1. Are controlled processes available at your facility (e.g., plating, coating, welding, non-destructive testing, etc.)?  Yes  No

**Section F: Nonconforming Material**

1. Is there a procedure for processing non-conforming material?  Yes  No
2. Are non-conforming material control documents retained on file?  Yes  No

**Section G: Material Control**

1. Is certified raw material verified for compliance?  Yes  No
2. Are material certifications retained on file?  Yes  No
3. Is raw material stored in a secure, segregated area?  Yes  No

**Section H: Counterfeit Parts (if applicable)**

1. Does your company have an active Counterfeit Control Plan?  Yes  No

**Section I: Test Reports\FAI\PPAP (if applicable)**

1. Does your company have capabilities to provide Test Reports, FAI or PPAP?  Yes  No