



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.

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 IAW SAE AS 5553? (*The provisions of SAE AS 5553 Counterfeit Parts Prevention may apply to future purchase orders.*) 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