



3 Foshay Road, Dudley, Massachusetts 01571
Your challenge is our progress

SUPPLIER EVALUATION AND SURVEY

Assessment Type: New Supplier Re-validation

Supplier Company Name:

Supplier's Address:

Telephone No: **Fax No:**

Email: **Payment Terms:**

Supplier's Services:

What type of services are provided? (Check all that apply & explain if necessary)

Manufacturer Distributor Service

Detail:

Facilities & Equipment:

# of Employees:	Facility Size:
# of Years in Business:	# of Locations:
# of Shifts:	
Describe Equipment or Attach List:	

Quality System:

Has your company Quality Management System (QMS) been approved by an Accredited Certification body? Yes No

Check all that apply:

Certification:	Exp. Date:
<input type="checkbox"/> ISO 9001
<input type="checkbox"/> AS9100
<input type="checkbox"/> AS 9120
<input type="checkbox"/> NADCAP
<input type="checkbox"/> Other (Specify below)

.....

If you had answered either “Yes” or “No” to the above question, you are still obligated to complete **Section 1** as more information is required.

Please enclose a copy of the above certificate(s) for future reference.

Do you plan on obtaining a formal Quality System Accreditation? Yes No

Would you host an IFE Quality Audit at your facility? Yes No

Section 1: Quality Management System (QMS)

	Yes	No
Do you have an established Quality Management System?		
Do you have a Quality Manual & Policy?		
Do you have established Quality Procedures and/or Work Instructions?		
Do you conduct Quality Management Reviews?		
Do you have an Internal Audit program?		
Does your company have established Improvement objectives?		
Do you control the routine Calibration of measuring and test equipment?		
Do you have procedures for Document and Data Control?		
Do you have an effective Corrective Action System?		
Do you review and validate both Contract and Design criteria/requirements?		
Do you have Quality Inspection procedures?		
Do you identify and segregate Non-Conforming Material?		
Are employee responsibilities clearly defined? And are they Trained?		
Do you provide employee Technical and Quality Awareness training?		
Do you qualify Sub-tier suppliers prior to use, and subsequently monitor their performance? Do you flow-down Customer Requirements?		
Do you maintain Records for the above activities? If yes, how long is your document retention period?		
Do you have a Risk Management Program?		
Are you an OEM (<i>Original Equipment Manufacturer</i>)?		
Do you maintain an environment free of FOD (<i>Foreign Object Debris</i>)?		
Do you have a Maintenance Program for manufacturing equipment that includes tooling/fixtures?		

Counterfeit Materials Avoidance Policy? Yes No

(If yes, please enclose your policy for review.)

Conflict Minerals Policy? Yes No

(If yes, please enclose your latest CFSI CMRT v5.11 form (or later revision) for review))

SECTION: 2**Safe Management System (SMS):**

	Yes	No
Does your company operate with a Safety Management system?		
Does your company have established Safety Policy and Procedures?		

Please enclose a copy of your safety policy (if available)

SECTION: 3**Environmental Management System (EMS):**

	Yes	No
Does your company have an Environmental Management System?		
Does your company have an Environmental Policy?		
Does your company have established Environmental Control procedures?		
Does your company manufacture RoHs Compliant product?		
Does your company meet the requirements of the WEEE directives?		

Please enclose a copy of your environmental policy (if available)

SECTION: 4**International Traffic in Arms Regulations (ITAR) or Export Administration Regulations (EAR):**

	Yes	No
Does your company have an ITAR/EAR controlled system? <i>Circle one</i>		
Does your company have established internal ITAR/EAR Control procedures?		
Does your company flow down customer ITAR/EAR requirements to your Sub-contractors (if any)?		

Key Contacts:

Position:	Name, E-mail and Phone # (if different):
President/GM	
Quality Manager	
Production Manager	

Name and title of person completing form and certifying accuracy:	Date:

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Submitted Questionnaire satisfactorily assessed and completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplier Quality Rating: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
IFE Quality Signature: Joe Schroder	Date: