

R1064 SUPPLIER SELF-ASSESSMENT QUESTIONNAIRE



ADMINISTRATIVE SECTION

Company Name: _____

Company Website: _____

Facility Address: _____

Company Contact Information

Key Contact Name: _____

Telephone Number: _____

Email: _____

Description of Product to be Supplied

Product: _____

Description: _____

Other products produced
In the facility: _____

Evidence of current industry approval certificate or license such as: ISO, NADCAP, AS

Do you hold a Quality Management System Certification from an accredited certification body? Yes No

(If yes, stop evaluation and submit certificate with the section above completed)

If not certified, are there plans in place to obtain certification? Yes No

Does your organization hold any other certifications? Yes No NA

(If yes, please supply a copy of the current certificate)

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Supplier Self-Assessment	
MANAGEMENT RESPONSIBILITY	
Do you have a documented Quality manual?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
If not, do you have a documented quality system?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Do you have a current disaster preparedness plan?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Do you have a defined environmental, health, and safety program in use?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
TRAINING	
Do employees receive training in accordance with industry standards for the work they perform?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the organization evaluate the effectiveness of the training?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
ORDER PROCESSING	
Do you have a documented contract review process for reviewing its customers contracts prior to acceptance to ensure it can meet the contract requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Do you have a process for reviewing the specifications provided by the customer?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Do you manage customer due dates and are these dates communicated throughout the organization including sub-tier suppliers?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
DOCUMENT CONTROL	
Does the organization have a documented procedure for document control?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the organization have a documented procedure for control of records?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
If yes how long are those records retained?	
PRODUCT PLANNING	
Do you have documented Work Instructions required to be used when manufacturing product?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
SUPPLIER MANAGEMENT	
Does the organization have a formal supplier approval and evaluation process?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the organization monitor it's supply base? (i.e. OTD/SCRAP)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the organization clearly communicate product specification to suppliers via Purchase Orders?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
PROCESS CONTROLS	
Are there documented procedures for process control?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are processes monitored and controlled to meet product specifications?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the results of process monitoring recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are processes formally validated before approval to run production?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
MAINTENANCE	
Are the facilities and equipment maintained on a regular basis to ensure product quality is not impacted?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the maintenance activities documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the work area clean and well organized for efficient flow of material?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
QUALITY CONTROL	
Is product monitored for conformance at specified stages of production?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Do you have the ability to perform first article inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are all quality inspections documented?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the finished product traceable to all raw material lots used in the manufacture of the product?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
CALIBRATION	
Is there a documented calibration program for all measuring devices used to assess product validation?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are calibration records maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
INTERNAL AUDITS	
Is there a documented Internal Audit system to monitor key process against an established standard or procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are Internal Audit findings reported to top management?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
CORRECTIVE AND PREVENTIVE ACTION (CAPA)	
Is there a documented Corrective and Preventive action system?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the status of Corrective and Preventive action monitored and tracked to completion?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

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Is the Corrective and Preventive action effectiveness evaluated?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
CUSTOMER COMPLAINT MANAGEMENT	
Is there a documented Customer complaint procedure/system?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
CONTROL OF NONCONFORMING PRODUCT	
Is there a documented process for alerting customers to nonconforming product?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is nonconforming product identified, quarantined and prevented from entering the production flow?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
IDENTIFICATION AND PRODUCT STATUS	
Do you maintain lot control and integrity?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is there a documented process to maintain lot traceability throughout the product life cycle?	

****Must be completed by the supplier before Approval can be granted****

I hereby declare that to the best of my knowledge the answers contained within this questionnaire are true and accurate. I understand that the information will be used in the evaluation process to assess the named organization's suitability as a supplier.

FORM COMPLETED BY:

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____

TEL. NO.: _____ Email: _____

Please return the completed form to: **Lee@REPUBLIC-MFG.COM**

REPUBLIC MANUFACTURING INTERNAL ONLY	
Title(QA):	
Print Name:	
Signature:	
Date:	
Title(pur/mfg):	
Print Name:	
Signature:	
Date:	
Scope:	Raw Material <input type="checkbox"/> Service <input type="checkbox"/> Tooling <input type="checkbox"/> Equipment <input type="checkbox"/> Parts <input type="checkbox"/> Other <input type="checkbox"/>
Current Status:	Active <input type="checkbox"/> Inactive <input type="checkbox"/> Risk: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>
Approval Disposition:	Approved <input type="checkbox"/> Unapproved <input type="checkbox"/> Conditional <input type="checkbox"/>
Disposition comments:	