

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 ☐ N/A ☐

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

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"/>
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"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input type="checkbox"/>

Must be completed by the supplier before Approval can be granted

SUPPLIER SELF-ASSESSMENT QUESTIONNAIRE

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: **Brendan.Gallagher@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:	