

SUPPLIER QUALITY QUESTIONNAIRE

Supplier Quality Questionnaire

Supplier Name:

Supplier Address:

Telephone No.:

Fax No.:

E-mail Address

Questionnaire Completed by:

Please Note: If you do not have any formal quality accreditation, you must complete all sections. In addition to this quality questionnaire, prospective suppliers may receive additional questionnaires relating to technical capability.

When complete, please e-mail completed questionnaire to the following site:

AMMROC HQ: supplierprofile@ammroc.ae

Profiles can be returned to AMMROC in their original Microsoft Word® format or as an Adobe Acrobat® file. If you have any questions regarding the completion of this profile, please e-mail your contact details to the originating site as above with details of the query.

The intent of this questionnaire is to provide AMMROC with an overview of your company, facilities and Quality Management System. Please ensure each question is answered in sufficient detail to permit an accurate evaluation of the response. If your company has a standard response it may be submitted in lieu of this questionnaire but will be subject of a review by AMMROC who may request further information.

Following receipt and review of this response, an AMMROC representative may contact you to make arrangements for a site visit or Quality Management System Audit. AMMROC reserve the right to verify details contained within the questionnaire. All information will be treated in strict confidence.

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Supplier Profile Section Questionnaire for Unaccredited Sources of Supply

1A-1 Has an independent company representative been appointed to be responsible for all Quality Assurance matters? ☐ Yes ☐ No

1A-2 If the answer to 1A-1 is yes, do they have the authority to execute the responsibility? ☐ Yes ☐ No

1A-3 Please specify name and position of independent representative

Name

Title/Role

1A-4 Is the Quality Management System periodically reviewed for effectiveness and does an internal audit schedule exist? ☐ Yes ☐ No

1A-5 Does a documentation control system exist to ensure changes are properly approved and to identify the current revisions? ☐ Yes ☐ No
If yes, please supply your company process/document numbers.

1A-6 Describe the stages of contract review which exist to ensure customer requirements are understood and can be met.

1A-7 Does the system provide for a planned program of design and development reviews, activities and responsibilities? ☐ Yes ☐ No
If yes, please supply your company process/document numbers.

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1A-8	Are there procedures for the identification, documentation, review and approval of changes and modifications? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-9	Is prototype product processed differently from production product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-10	Does evidence of conformance exists for all materials and processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-11	Do complete written instructions exist for each inspection and test operation? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-12	Are inspection and test records maintained to substantiate conformance to specification and contract requirement? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-13	Are retention times for Quality Records clearly stated, and are they stored and maintained in a suitable and retrievable manner? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-14	Is a preventive maintenance program in place for process equipment? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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1A-15	Are calibration controls traceable to national standards? If yes, please state which ones.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-16	Are outside agencies contracted to perform equipment calibration? If yes, please state which ones.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-17	Are inspections processes performed during manufacture for characteristics which cannot be checked at a later stage? If yes, please state which ones.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-18	Are special process procedures available to each station and are they being followed? If yes, please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-19	Are defined criteria available for the qualification and approval of special processes prior to use? If yes, please state which ones.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-20	How do you ensure your organisation and your suppliers use customer-approved special process sources e.g. NADCAP approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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1A-21 Does Final Inspection ensure all contract requirements are met and all previous inspections have been performed?

If yes, please supply your company process/document numbers.

1A-22 Are statistical techniques used for process control?

If yes, please state which ones.

☐ Yes ☐ No

1A-23 Are sampling methods used for inspection purposes?

If yes, please supply your company process/document numbers.

☐ Yes ☐ No

1A-24 Is non-conforming material identified and segregated?

If yes, please supply your company process/document numbers.

☐ Yes ☐ No

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1A-25	Does a documented and maintained corrective action system exist? If yes, please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-26	Are training requirements identified and approved for all personnel? If yes, please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-27	Does the purchasing document contain a description of the material ordered, precise identification, title, revision and flow down of quality conditions? If yes, please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-28	Are purchases only made from approved suppliers and is the supplier status periodically reviewed by Purchasing? If yes, please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-29	Does a Supplier Management System exists which includes scheduled audits or evaluations? If yes, please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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1A-30	Is there evidence that Corrective Actions have been issued to suppliers and resolved? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-31	Is incoming material used or processed prior to inspection or confirmation of conformance? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-32	When inspection is performed by your subcontractor is evidence of conformance verified to be satisfactory and does the evidence form part of the contractor delivery records? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-33	Do subcontracts detail QAR right of admission and authority statements pertaining to the subcontractors' premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A-34	Does a process exist for authorising material into dispatch? If yes , please supply your company process/document numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>1A-35 Are procedures maintained for handling material to prevent damage and deterioration (i.e. ESD, shelf life)? If yes, please supply your company process/document numbers.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1A-36 Are adequate storage facilities provided to protect and segregate material prior to shipment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: center;">END OF QUESTIONNAIRE</p>	