

EDM Department Engineer. Develop. Manufacture.	Document Number	Rev	Rev. Date	Document Title	EDM Department Inc. 1261 Humbracht Circle Ste A Bartlett, IL 60103 Ph: 630-736-0531 Fax: 630-736-0530
	8.4-5	1	11.13.17	External Provider Quality Survey	

EXTERNAL PROVIDER QUALITY SURVEY

Company Name _____ Phone Number _____
 Address _____ State _____ Zip _____
 President/CEO's Name _____
 Plant Manager's Name _____
 Quality Manager's Name _____
 Quality Email Address _____
 Products/Services Supplied _____
 Plant Sq.Ft. _____ #of Buildings _____ #of Employees _____ Year Founded _____

If your company is AS or ISO certified, do not complete any of the questions below.
Please attach a copy of your current certification, sign the survey on page 2, and return.

QUALITY SYSTEM ELEMENTS	YES	NO	N/A
1) Does your company have a Quality Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Which Quality System does your company maintain? <input type="checkbox"/> ISO 9000 <input type="checkbox"/> AS 9100 <input type="checkbox"/> MIL-I-45208A <input type="checkbox"/> AS 9003 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is there a defined organizational structure reflecting the relationship of the Quality Department to Executive Management? (Please attach a copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are purchase orders/contracts from customers reviewed to ensure capability to meet the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Is there a documented system for assessing your supplier's quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Is a list of approved suppliers maintained and a quality history of each?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Is there a procedure for controlling customer-supplied material or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Is there a procedure for identification and traceability of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Are all processes that affect product quality performed under documented conditions, and are records of such maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Is there a program for the maintenance and calibration of measuring and test equipment? If so, is it based on: <input type="checkbox"/> MIL-STD 45662A <input type="checkbox"/> ISO 10012 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Is there a system of internal audits to ensure the Quality System is being maintained and complied with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Is there a documented training program and records of training performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Are there documented procedures for sampling inspection/testing? If so, is it based on: <input type="checkbox"/> MIL-STD 105 <input type="checkbox"/> ANSI/ASQC Z1.4 <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Can you accommodate source inspection by either EDM personnel or EDM customer representatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Are inspection stamps used and are they controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Is there a documented procedure for identification, documentation, evaluation, segregation, and disposition of nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Is there a documented procedure for corrective/preventive action and continuous improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Are quality records maintained? For how long? _____ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Can you provide First Article Inspections Reports in accordance with AS 9102?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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COMMENTS & OBSERVATIONS

Completed By: _____ Title _____ Date _____

Please return to EDM Department Inc purchasing at acctspay@edmdept.com or fax 630-736-0530.

******* Do not write below this area – for EDM Department use only *******

Supplier Approved:

Yes
 Conditional
 No

Approved by: _____ Date: _____

Approved for: _____

Comments: _____

This document is Version Controlled. Printed copies of Quality Procedures and Forms are considered uncontrolled and will require verification for the latest release from the EDM Department network location:
 Z:/Resource/Forms/AS9100 Standardized Forms.

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Revision History

Revision	Date	Revised by	Change description
1	11.13.17	K. Alaniz	Initial Standardized Release of Document