



## Supplier Quality Self-Assessment Form

**Section 1. SUPPLIER INFORMATION:**

<b>*Supplier Name</b>	
<b>Supplier Address 1</b>	
<b>Supplier Address 2</b>	
<b>City/State</b>	
<b>Zip Code</b>	
<b>Country</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>*Commodity</b> (Item/Service) <small>(Machining, Molding, Plating, etc.)</small>	
<b>*Commodity Type</b> <small>(Distributor, Manufacturer, Service)</small>	
<b>Enidine Vendor Number</b> <small>(to be completed by Enidine)</small>	
<b>Buyer</b> <small>(to be completed by Enidine)</small>	

\*Required fields

Enter "N/A", for any non-applicable elements.

Note: For Distributors and Accredited suppliers, complete Section 1, 2, and 4 only.

Note: For Manufacturers and Service type commodity suppliers all Sections must be completed.

<b>SUMMARY (ENIDINE USE ONLY)</b>	
Reviewed by:	
Date:	
Comments:	

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## Section 2. Your Company Profile

### Organization

1. President or CEO: \_\_\_\_\_
2. Quality Manager: \_\_\_\_\_
3. Quality Contact and Title: \_\_\_\_\_
4. Quality Contact Email: \_\_\_\_\_
5. Number of Employees (Total): \_\_\_\_\_
 

In Manufacturing:		Technical Support:	
Production:		In Quality:	

### Business Size and Type

1. Year established: \_\_\_\_\_ Facility Size: \_\_\_\_\_
2. What are your principal products? \_\_\_\_\_
3. What are your principal services? \_\_\_\_\_
4. List 3 of your major customers that have approved Your Quality System:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
5. Are you a broker for multiple suppliers?      YES       NO

**If YES, please provide audit records, questionnaires, certifications, or other information for each supplier to demonstrate that you manage and control externally provided processes, products and services.**

### QUALITY SYSTEM

1. Do you have a Quality System?      YES       NO
2. Is your Quality System compliant  or certified to :
 

AS 9100	<input type="checkbox"/>	Date of last assessment	
ISO 9001	<input type="checkbox"/>		
IATF 16949	<input type="checkbox"/>		
Other			

Are the parts supplied to ENIDINE covered under the certified quality system indicated above?    Yes     No

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If NO, What quality system are they covered under? \_\_\_\_\_

***If your company and/or division, is registered to AS9100, ISO9001 or IATF16949 standards, and the parts supplied to ENIDINE are covered under the scope of this certification, there is no requirement to complete Section 3, of the questionnaire. However, you must complete Section 4, sign and return this survey with copies of documents listed. Otherwise, completion of Section 3, Quality System, is required.***

## Section 3. Quality System

<b><u>QUALITY MANAGEMENT</u></b>				<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Do you have a Quality Manual?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Current Revision		Date			
2. Does the organization have a defined and documented quality policy?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a current organizational chart defining responsibility and authority of personnel effecting quality? (If so, please provide)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have measures that relate to Quality, Cost, Delivery and Service?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are quality functions and activities identified and documented?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do personnel performing quality functions have sufficiently well defined responsibility, authority, and organizational freedom to:						
	a. Identify and evaluate quality problems?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Initiate, recommend or provide solutions?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have Quality Control plans for each of your products?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you perform internal audits on your manufacturing and administrative processes?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a documented safety program?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you perform internal safety audits?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have training programs for operators and inspectors?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do your operators perform inspection activities?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do your operators perform maintenance activities?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do your operators perform setup activities?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b><u>DOCUMENT AND CHANGE CONTROL</u></b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are the latest applicable documents, engineering drawings, specifications, and instructions available at the time and place of inspection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there written procedures describing change control?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your procedures ensure the current levels, completeness, and adequacy of documents?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are obsolete documents removed from operating areas?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there procedures for processing change proposals that require Government and/or customer approval?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are current, complete and accurate records of quality activities on file?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		How long are they stored?		

<b><u>CONTRACT REVIEW</u></b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
Have documented procedures been established for contract review to ensure that:				
	a. The requirements are adequately defined and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Accepted contract requirements differing from quotes are resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. You have the capability to meet contract requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>COST RELATED TO QUALITY</u></b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Is quality cost data collected and used as a management tool?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>MANUFACTURING AND MATERIAL CONTROL</u></b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Do you have a separate and locked stores area?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have maintenance schedules for all equipment and test fixtures/ gages?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your manufacturing personnel have work instructions available at their stations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operators do in process inspections?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do inspectors do in process audits?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you use materials with limited shelf life?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have an internal Corrective Action System?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>MANUFACTURING AND MATERIAL CONTROL (con't)</u></b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
8. Do you have a separate rework area?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you perform final inspection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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10. Do you use an acceptance-sampling plan for final inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please state your sampling plan: <span style="background-color: yellow; color: black;">[REDACTED]</span>			
11. Do you perform final audits at time of manufacture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you perform final audits at time of shipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do your operators perform final acceptance inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do inspectors perform final audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. If requested, will you supply certificates of conformance, material/test certifications, and process certification or test data with shipments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>SPECIAL PROCESSES</u></b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Do you have any production or service processes where the resulting output cannot be verified later?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If yes, how do you validate them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you produce records to demonstrate that the validation completed has met requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are these special processes reviewed and approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have records of personnel and equipment qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the specific methods and procedures defined in your Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you demonstrate records for these processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When changes are made, are they revalidated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have records of the revalidation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is this facility approved for special processes by any of your Customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Can you produce Documentation or Certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b><u>CALIBRATION</u></b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Is your measuring and test equipment that is used for acceptance purposes in calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a controlled environment for calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the test and measuring equipment properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a system for tracking and initiating equipment calibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are your measurement standards certified and traceable to current NIST standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you require your subcontractors to have a system, which ensures the accuracy of their test and measuring equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a system for tracking and initiating preventive maintenance activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are written procedures used for calibration of measuring/test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>PROCUREMENT</u></b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Do you use MRP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a vendor/part certification process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you measure vendor quality and delivery performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide performance feedback to you vendors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you perform incoming material inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you use an acceptance-sampling plan for incoming material inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please state your sampling plan: <span style="background-color: yellow; display: inline-block; width: 50px; height: 15px;"></span>			
7. Do you inspect purchased tools and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>NONCONFORMING MATERIAL</u></b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Do you have procedures for controlling nonconforming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are discrepant materials promptly and adequately identified and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are adequate holding areas available and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are written procedures used for repair and rework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>CORRECTIVE ACTION</u></b>			
1. Is product examination conducted on nonconformance's to determine the extent and causes of defects?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the effectiveness of corrective action reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	

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<b><u>INDICATION OF INSPECTION STATUS</u></b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are inspection stamps or initials used and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the identification and inspection status of items maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>STATISTICAL QUALITY CONTROL</u></b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Do you run capability studies on all parts before the start of production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do your operators plot measurement data and review it for trends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you provide training for your employees in SPC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is Statistical Process Control (SPC) practiced and are records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you monitor process parameters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 4. Disclosure Acknowledgement

	<b>YES</b>	<b>NO</b>
1. Has Enidine Supplier Requirements, PS-00001-00 been received, reviewed and will be complied to by supplier? <a href="https://www.enidine.com/en-US/Resources/Supplier-Tools/">https://www.enidine.com/en-US/Resources/Supplier-Tools/</a>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you ITAR certified? (attach certificate) NOTE: Enidine must be notified if ITAR status changes.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently in possession of any Customer / Government Owned Property provided by Enidine, this includes Equipment, Tools or Material?	<input type="checkbox"/>	<input type="checkbox"/>

Survey Completed by:

Title:  Date:

**Please send this signed page and the copies of the following applicable documents.**

	<b>Organizational Chart</b>
	<b>QMS Certification, (AS 9100, ISO 9001, IATF16949)</b>
	<b>Other Third Party QMS Certificate</b>
	<b>ITAR Certificate</b>
	<b>NADCAP Certificates</b>
	<b>Quality Manual</b>