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|------------|------------------------------|---------------|
| Evaluation | QUALITY SYSTEM QUESTIONNAIRE | Re-Evaluation |
|------------|------------------------------|---------------|

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|--|--|--|--|
| Section 1 – General Information | | | |
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| | | | |
|------------------------------|---|-------------------------|--|
| Company Name | | Contact Name | |
| Address | | City, State, Zip | |
| Phone Number | | Fax Number | |
| Supplier Type Details | Manufacturer / OEM Distribution Center Service Provider (IE: Calibration, Maintenance, etc.) Other _____ | | |

List any OEM approvals here.

Quality Management System:

Do you maintain an accredited Quality Management System (QMS)? **Yes **No****

Certified To: (Check One) ISO 9001 SAE AS9100 SAE AS9120 If No, Questionnaire must be completed.

Other (*Please specify*):

If “YES”, kindly attach a current copy of the registration certificate provided by your registrar and respond to question #7 in the questionnaire below, then sign, date and return to MST.

| Section 2 – Supplier Questionnaire | Yes | No | N/A |
|---|-----|----|-----|
|---|-----|----|-----|

| | Yes | No | N/A |
|---|-----|----|-----|
| 1 Do you allow customers to audit your facilities / processes? | | | |
| 2 Do you have a nonconforming material control process that prevents processing and shipment of potential nonconformance's? | | | |
| 3 Do you respond to customer complaints in a timely manner? | | | |
| 4 Do you perform inspection on products or services and are records maintained? | | | |
| 5 If providing calibration services: 1. Are your certificates traceable to NIST? 2. Are you accredited to a recognized standard (ISO 17025, NADCAP, etc.)? | | | |
| 6 Do you retain records of processing and verification activities for a minimum of 7 years? | | | |
| 7 Have you read and agree with the terms and conditions provided? | | | |
| 8 Do you maintain a counterfeit prevention program to ensure only qualified and approved items are provided? | | | |
| 9 Are employees competent to perform work affecting product/service quality and are records maintained of training and competency? | | | |



| Section 2 - Continued | | Yes | No | N/A |
|--|---|-------------|----|-----|
| 10 | Is there a documented procedure for corrective action? | | | |
| 11 | Are effective systems in place not only for corrective/preventive action, but also for continual improvement? | | | |
| 12 | Are there systems in place for the prevention of counterfeit materials? | | | |
| Supplier Representative Signature | | Date | | |

| Section 3 – Supplier Risk Assessment & Approval | | | |
|---|-----------------|---------------|-----------------|
| <i>(Completed by MST Management Personnel)</i> | | | |
| Determined Risk <i>(Check One)</i> | Low (1) | Medium (2) | HIGH (3) |
| Action Plan <i>(if any)</i> | | | |
| Evaluation Results | Accept Supplier | | Reject Supplier |
| Completed By | | | Date |
| Added to ASL By | | | Date |
| Comments | | | |