



Supplier Quality Audit & Evaluation

Your Company Detail	Company Name			
	Contact Name/Title		E-mail	
	Address	City	State	Zip
	Telephone		Fax	
	Total number of employees			
	____ Manufacturing		____ Quality	____ Administration
	Business Type			
<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Distributor	<input type="checkbox"/> Other <i>(Describe)</i>	
Major Products				

Quality Responsibility	Does your company maintain its own Quality Department?		<input type="checkbox"/> Yes
			<input type="checkbox"/> No
	Senior Quality Manager – Name/Title		E-mail
Who does the Senior Quality manager report to? – Name/Title		E-mail	

Compliance	Is your company in compliance with any of the following standards <i>(Check all that apply)</i>					
	<input type="checkbox"/> ISO 9000	<input type="checkbox"/> AS9100	<input type="checkbox"/> MIL-I-45208	<input type="checkbox"/> MIL-Q-9858A	<input type="checkbox"/> MIL-Q-9858A	<input type="checkbox"/> Other
	Are you on the Government's qualified supplier's list? <input type="checkbox"/> QSLD <input type="checkbox"/> QSLM					
	Others <i>(please list)</i> _____					
Note: If your company is ISO 9000 or AS9100 Certified, fill-in the above information, sign, and date below, and return with a copy of your certificate. You DO NOT need to complete the survey.						

Company Info	Business Type		
	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Fabricator		
	Business Category		
	<input type="checkbox"/> Small <input type="checkbox"/> HUBZone <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Service Disabled		
	<input type="checkbox"/> Small Disadvantage		
Company Age			
Cage Code	NAICS Code	Dunn & Bradstreet Number	

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Contacts

Please list key contacts in each department:

	Name	Phone/Ext	E-mail
Management
Sales
Quality
Accounting

Acknowledgement

I hereby certify that the information supplied on this evaluation survey is accurate and representative of our company's quality system.

Signature

Date

Printed Name/Title

E-mail

Thank You!

For any questions please contact Carri Koehler at (810) 667-7000 or
carrik@lmpo.net.

Your assistance in completing this questionnaire promptly is critical to meeting
quality goals and is very much appreciated.

**THE FOLLOWING SECTION TO BE COMPLETED BY LM PRODUCTS INC'S QUALITY
CONTROL DEPARTMENT**

APPROVED

DISAPPROVED

CONDITIONAL APPROVAL

REMARKS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

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Quality System	Does your company maintain a quality manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is the manual periodically reviewed and updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Contract Review	Are contracts (Customer Purchase orders) reviewed to ensure that all specifications and requirements can be met?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Who performs the review? <i>Name/Title</i>	
Document and Data Control	Are controls in place to control documents that pertain to quality, including drawings and specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are documents that pertain to quality reviewed and approved by authorized personnel before being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Purchasing	Are there controls that ensure that purchased products conform to specified requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are certified test reports and certificates of compliance required by purchasing documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Product Identification and Traceability	Is there a product identification from receipt and during all stages of production, delivery and installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is there a unique identifier for individual product or batches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Inspection and Testing	Are all inspection and test results documented on an inspection report, traveler, work order or other identifying documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Does inspection verify conformity to specified requirements, including Purchase orders and specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is a sample plan utilized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are test and/or inspection records filed and maintained? For how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are incoming products and supplies inspected prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Control of Measuring and Test Equipment	Are there procedures to control, calibrate and maintain inspection, measuring and test equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is the inspection, measuring and test equipment identified with date of calibration/inspection, due date for calibration/inspection and unique identifier?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are calibration records maintained? <i>How long?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are the handling, preservation and storage of inspection, measuring and test equipment sufficient to maintain their accuracy for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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Control of Non-Conforming Product	Are nonconforming products suitably identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is nonconforming material segregated from other material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are there procedures which provide for control of nonconforming product, documentation of nonconformance and scraping of non-conforming product?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Do controls provide for corrective action to prevent recurrences?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Handling, Storage, Packaging, Preservation and Delivery	Are materials handled and stored to prevent damage, contamination and/ or loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are age controlled items properly identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is material properly identified and traceable to the chemical/physical certifications or purchase order?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Is product packaged properly to prevent damage during shipping?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Control of Quality Records	Are quality records legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are quality records available for evaluation by the customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are test reports, raw material certs, plating certs etc. maintained on file? <i>How long?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Training	Are records retained of all training activities that your personnel undergo?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Are employees adequately trained prior to performing job duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Statistical Process Control	Is SPC used in any of the manufacturing process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
General	Is your company approved to perform work for any major company? (e.g.Lockheed Martin, Boeing, etc.) List approvals and include certifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A