



Quality Management System

Doc. No. & Revision:  
 QF-740-02 - Supplier Quality Assessment Questionnaire  
 12/4/2019  
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Date:

1. Company Details:	
Company Name:	
Address:	Telephone:
	Fax:
	e-mail:
Post Code:	
Principal Type of Business:	

2. Organization:					
Total Number of Employees:		Total Direct Labor:		Total Quality Personnel:	

3. Management:	
Executive Manager:	
Quality Representative:	
Environmental Representative:	
Occupational Health & Safety Representative:	

4. Quality Management System (QMS) Certification:	
a. Is your company quality system certified to ISO 9001/AS9100/AC7004(NADCAP)	YES NO
<b>If YES, please enclose a copy of your certificate, and your Quality Policy. Do not answer questions Q1 to Q9.</b>	
<b>If NO to 4a, please fill out below and identify the Standard for your Quality System:</b>	
If your QMS is not certified are you planning to certification in the future?	
b. Has anything changed within your Quality Management System since your last submission to Accutite Fasteners? If yes, please explain below. If No, proceed to Q10.	



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**5. Quality Management Questions:**

	Question	Yes	No
	Does your company;		
Q1	Have a Quality Manual?		
Q2	Have an Internal Audit system?		
Q3	Have an Approved Supplier List?		
Q4	Have an equipment calibration system to ANSI Z540 or ISO 10012 or ISO 17025?		
Q5	Have a system for controlling non-conformances and applying corrective action?		
Q6	Use defined quality plans or manufacturing layouts?		
Q7	Have a defined document control system?		
Q8	Have a training program for verification personnel?		
Q9	Provide a certificate of conformity if requested?		
Q10	If requested, may we have a copy of Quality Policy and Objectives?		
Q11	How do you measure your Quality Objectives?		
Q12	If requested, may we have access to your site to perform a Quality Audit?		

For Use By Accutite Fasteners, Inc.		
Reviewed By:		Comments:
QMS:	Other MS:	

Decision:		
Approved:	Conditional Approval:	Not Approved: