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Attention: Quality Department

Aerotech Solutions is in the process of updating our Approved Vendor List. Please complete and return this questionnaire at your earliest convenience.

VENDOR QUESTIONNAIRE

Company: _____

Manufacturer: Distributor:

Product/Service Provided: _____

QUALITY CONTACT:

Name: _____ Title: _____ Tel: _____

NUMBER OF EMPLOYEES:

Quality: _____ Production: _____ Sales: _____ Other: _____

PART "A"

Is your company registered/certified to a quality standard? Yes No

If yes, please sign and date below and provide a copy of your registration certificate(s), if NO please complete Part "B".

Signature: _____ Title: _____ Date: _____

For Internal Purposes Only

Approved [] Provisional Approval []

Date Of Approval: _____

Approved By: _____

Scope Of Approval:

PART "B" VENDOR QUESTIONNAIRE	YES	NO	N/A
1) Does your company have a documented Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the procedure for Control of Quality Records documented? a. How long are Quality Records retained? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Does your company maintain a system to evaluate / approve vendors? a. What is the frequency of evaluations? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Does your company use measuring and test equipment? a. Is there a calibration schedule? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Does Receiving Inspection perform sampling? Sample size: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Does Receiving Inspection ensure that support documentation for product is legible and contains traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Does your company maintain material / product traceability through the use of batch or lot numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Does Final Inspection ensure the product meets the customer's specified purchase requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Does your company conduct internal audits of the quality management system? a. At what frequency? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Are corrective actions evaluated to verify their effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Do you have a plan to monitor, measure, analyze and improve processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Do you have a formal delivery expediting system/procedure that will inform your customer of delays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Completed by:

Signature: _____ Title: _____ Date: _____