



Supplier Quality System Questionnaire

From: CARON's Purchasing Department

PH: (814) 774-5658 * Fax (814) 774-2245 * www.caron-inc.com

General

Business Name:

Street Address:

City:

State:

Zip:

Phone:

Fax:

QA Representative:

Supplier Product or Service:

Quality Requirements

1. Is this business ISO certified? Yes No

1a. If Yes, to which standard?

Please submit a copy of certificate _____

2. Please list other certifications: _____

3. Does this business have a Quality manual? Yes No

4. Do you have a documented system to control drawings and other specifications utilized for product conformance? Yes No

5. Do you have a documented gage calibration system? Yes No

5a. Is it traceable to a recognized system? Yes No

5b. If Yes, list standard? _____

Business Requirements

6. How long has this business been in place? _____

7. Have there been any changes in top management in the last 24 months? Yes No

7a. If Yes, please describe _____

8. Has there been a relocation of this business in the past 24 months? Yes No

8a. If Yes, please describe _____

Please answer the following questions. Please document your answers in the space provided or on a separate sheet if necessary. All questions where "NO or N/A" is utilized requires an explanation. Otherwise, please check "YES" and provide the applicable procedure number(s). You may add additional comments if you desire.

***** If your answer to question 1 on page 1 was "yes", skip to question #19 on page 4.*****

- 1) Do you have a documented contract review process in your company?
Procedure #: _____ Yes No N/A
- 2) Do you have a documented system that assures Customer needs and expectations are met?
Procedure #: _____ Yes No N/A
- 3) Are there documented Quality procedures that describe the elements of your Quality System?
Procedure #: _____ Yes No N/A
- 4) Do you have a documented system to assure that the latest edition of Customer drawings, specifications, and engineering changes are utilized?
Procedure #: _____ Yes No N/A
- 5) Do you have a documented system for identification and traceability of your materials?
Procedure #: _____ Yes No N/A
- 6) Do you have a documented system for identifying and controlling all materials?
Procedure #: _____ Yes No N/A
- 7) Do you have a documented procedure for process control?
Procedure #: _____ Yes No N/A
- 8) Do you have a documented system for process validation and or process changes?
Procedure #: _____ Yes No N/A
- 9) Do you have a documented procedure that describes the in-process, final and or test inspection program?
Procedure #: _____ Yes No N/A
- 10) Do you have a documented process for evaluating your suppliers?
Procedure #: _____ Yes No N/A
- 11) Are there procedures for the inspection and test status of your products?
Procedure #: _____ Yes No N/A
- 12) Do you have a documented corrective and preventative action system that is utilized by all Elements of your Quality function?
Procedure #: _____ Yes No N/A
- 13) Is there a documented system that assures adequate / appropriate packaging of the product?
Procedure #: _____ Yes No N/A

- 14) Is there a documented system for handling of work in process, between operations and from final operation to packaging?
 Procedure #: _____ Yes No N/A
- 15) Do you have a documented system that assures that the Customer's packaging and shipping requirements are met?
 Procedure #: _____ Yes No N/A
- 16) Do you have a documented system for the retention of Quality records?
 Procedure #: _____ Yes No N/A
- 17) Do you have a documented procedure for conducting and documenting internal audits?
 Procedure #: _____ Yes No N/A
- 18) Does the internal audit program assure that all of the elements of the Quality system continue to be implemented and maintained?
 Procedure #: _____ Yes No N/A
- 19) Do you have a documented procedure for contacting the Customer when there will be a need to change a component, service or manufacturing material?
 Procedure #: _____ Yes No N/A
- 20) If there are no formal procedures for contacting the Customer when there will need to be a change to a component, service or manufacturing material, will your company agree to contact CARON Enterprises, Inc. in writing if there will need to be a change to a component, service or manufacturing material?
 Procedure #: _____ Yes No N/A

Conclusion

Please return this Quality System Questionnaire to CARON Enterprises, Inc., attention "Purchasing Department", along with any other pertinent information. (i.e. copy of your ISO or other certifications, explanations to the above questions if on additional sheets, etc).

Authorized signature of Business Representative: _____

Title of Representative: _____ Date: _____

CARON Enterprises, Inc. use only

Approved Unapproved Conditional approval

Notes:

CARON Quality Manager: _____ Date: _____