



SUPPLIER EVALUATION QUESTIONNAIRE

¹Date: _____

²Company Name: _____ Telephone: _____

³Address: _____ City: _____ State: _____ Zip Code: _____

⁴DUNS Number: _____ Other Locations: _____

⁵Owner/GM Name: _____ Email: _____

⁶QA Manager: _____ Email: _____

⁷Company Point of Contact: _____ Telephone: _____

⁸Title: _____ Email: _____

⁹Years in Business: _____ Years at Current Location: _____ Square Footage: _____ Building: Lease Own

¹⁰Website: _____ Years with Teledyne Controls: _____

¹¹Current Capacity: _____ Shifts 1 2 3 Weekends: Sat. Sun. Manpower Issues: _____
BY SHIFT

¹²Number of Employees: _____ Annual Sales: _____ Cage Code: _____

¹³Customer Industry Percentage Breakdown: Aerospace % _____ Military % _____ Medical % _____ Commercial % _____

¹⁴Administration: _____ Engineering: _____ Production: _____ QA/QC: _____

¹⁵IPC-A-600 CIT CIS IPC-A-610 CIT CIS IPC-A-WHMA-620 CIT CIS J-STD-001 Certified ([Submit Copies](#))

¹⁶Do you have an FAA approved Drug & Alcohol Program at your facility? Yes No N/A

¹⁷Please provide a copy of your current FAA and or EASA Repair Station Certificate, Ops. Spec. and evidence of an active

¹⁸Drug and Alcohol Program: Plan Number: _____ ([Submit Copy](#)) Comments: _____

¹⁹List procedure or standard your company follows to ensure counterfeit part avoidance? Yes No N/A

²⁰Select Specification In Compliance To: AS6081 AS5553 AS6174 ISO12931 Other: _____

²¹Does your company have a part Obsolescence Program? Yes No N/A

²²Does your company have an established Quality Management System? Yes No

²³ AS9100 AS9120 ISO9001 or Other List: _____ Certified By Accredited Registrar ([Submit Copy](#))

²⁴Non-Certified Quality Systems Do you have written procedures for the following: Process Control Part/Mat'l Traceability

²⁵**LIST COMPANY CORE COMPETENCY, AND ADD ANY ADDITIONAL COMMENTS IN THE BLOCK BELOW: ENSURE ALL QUESTIONS ARE ANSWERED**

²⁶ Manufacturing Assembly Shop Distributor Service Special Process Maintenance Repair Station

²⁷

²⁸

Supplier Representative Name

Title

Date

TELEDYNE CONTROLS SUPPLIER QUALITY DEPARTMENT

APPROVAL:

Approved Limited One Time Only Approval Rejected

Survey Requested By: _____ Survey Reviewed By: _____