

Supplier Evaluation Questionnaire

Company Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Fax _____
Email _____
Website _____

Type of Company : Manufacturer ☐ Distributor ☐ Processor ☐ Other ☐

This questionnaire will be used by Mayday Manufacturing as a preliminary evaluation of your capabilities. Completion and submittal of this questionnaire does not constitute an approval of your company as an approved source. Mayday Manufacturing may conduct an on-site survey of your facility after receipt of this questionnaire.

Instructions

All questions should be answered. Enter an “X” in the appropriate box for either YES, NO or N/A

If supplemental data is submitted pertinent to a question, check with an asterik (*) and identify attachments by applicable paragraph number. A supplemental data sheet is attached for your convenience.

Answers should reflect your current status. Do not reference procedures that are anticipated or proposed.

If your Quality System has been certified to an industry standard, complete Sections 1 & 2 and return this form with a copy of your Certification.

Completed questionnaires can be :

Mailed to :
Mayday Manufacturing
Quality Assurance Dept.
1500 I-35W
Denton TX 76207

Faxed to :
Mayday Manufacturing
Quality Administrator
(940) 898 - 8305

Email to :
maydayqa@maydaymfg.com

As an Authorized Official of my company I certify this form is complete an accurate

Printed Name _____

Date _____

Signature _____

MOF 7.4.1-01 P1

Section 1 - Organization

1. Enter Key Personnel and Contact info :

President / Owner(s)	_____	Email	_____
General Manager	_____	Email	_____
Quality Manager	_____	Email	_____
Chief Inspector	_____	Email	_____

2. If you are a division or subsidiary, please list name and address of parent organization

Name _____ Address _____

3. To whom does the Quality Manager report (Title) _____

4. Total number of employees _____

5. Total number of employees in Quality _____

a. How long has your company been in business as presently organized _____

b. What is your main product / service _____

c. List main customers for whom you have supplied work in the past two (2) years.

d. List companies and/or agencies which have surveyed and approved your Quality System

Company or Government Agency	Date	Name of Surveying Representative
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2 - Quality Systems and Procedures

1. Per Boeing flow down requirements, we are required to collect the following information from our sub contractors on an annual basis.

Balance Sheet

Profit & Loss Statement

This information is kept in the strictest of confidence. Your cooperation is appreciated.

2. Is a written Manual of Quality Procedures available and maintained for use by company personnel ?

Yes ☐ No ☐

3. The Quality System is designed to comply with the following system specification(s)

ISO 9001/200 ☐ ISO 9002 ☐ NHB 5300.4(C) ☐ ANSI 2540-1 ☐

AS91000 ☐ MIL-I-45208 ☐ NADCAP ☐ Other ☐

4. **Quality Certifications :** If your Quality System has been certified to an industry standard, attach a copy of your current registration certificate to this form

5. If applicable is your Government surveillance or source inspection performed by

Itinerant Inspector ☐ Resident Inspector ☐ N/A ☐

6. If applicable, Name and Address of Cognizant Government Inspection Agency or Contact

Name _____ Address _____

7. Is a current copy of your Quality Manual available to Mayday upon request

Yes ☐ No ☐

Section 3- Special Processes

1. List all Special Processes performed at this location

Special Process	Mil-Std, ANSI or other Standard
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 4 - Quality System Elements

Yes No N/A

1. Review of Requirements and Flowdown

a. Is there an established preliminary review process for all customer POs (and changes) that includes the review of all associated quality and drawing requirements by appropriate personnel before the order or change is accepted

☐ ☐ ☐

b. Is there an established review flowdown process for all customer POs (and changes) that includes the review of all associated quality and drawing requirements by appropriate personnel after the order or change is accepted

☐ ☐ ☐

2. Inspection

a. Is a checklist used by Receiving Inspection indicating the degree and extent of inspection for incoming material

☐ ☐ ☐

b. Are statistical methods, tables or procedures employed for items not 100% inspected

☐ ☐ ☐

c. Are inspections performed on all work received from vendors

☐ ☐ ☐

d. Is objective evidence of receiving inspection results maintained on file

☐ ☐ ☐

e. Are procedures established to certify personnel and/or equipment for special processes as may be required contractually

☐ ☐ ☐

f. Are nonconforming materials removed from the production areas and segregated or permanently identified or destroyed to preclude further usage

☐ ☐ ☐

g. Are acceptable parts and materials positively identified

☐ ☐ ☐

h. Are inspectors issued controlled inspection stamps

☐ ☐ ☐

i. Are procedures for in-plant corrective action written and operative

☐ ☐ ☐

j. Are procedures for your suppliers corrective action written and operative

☐ ☐ ☐

3. Inspection Records

a. Are inspection acceptance records maintained which display identification, inspection status of units, identification of inspector, quantity of units accepted/rejected

☐ ☐ ☐

b. Will records be kept on file for the contractually required duration

☐ ☐ ☐

4. Material Control

a. Is each piece, batch, lot or group of raw material identified by or traceable to: kind of material, type, condition, source of supply, heat number or lot number

☐ ☐ ☐

	Yes	No	N/A
b. Is the type of material verified upon receipt and/or issuance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are material analysis and process verification activities performed at your location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are certifications, analyses and verification of test results traceable to specific lots of batches of material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is purchased material identified by stamp, tag or color code to show inspection status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are time sensitive or age controlled materials properly identified and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Measuring and Test Equipment

a. Are procedures in effect which describe the method and frequency of calibration of measuring and test equipment to master gages or standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are records maintained on periodic re-calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is measuring and testing equipment marked to designate certification and to indicate next date calibration is due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are calibrations performed within your facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. If yes, are master gages and standards traceable to National Bureau of Standards (NIST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. if yes, are your calibrations periodically certified as to accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. If no, are certifications on file indicating name of company performing calibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If no, are certifications on file indicating equipment used for calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. if no, are certifications on file indicating traceability of equipment used for calibration to National Bureau of Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is equipment stored as to prevent damage or loss of calibration when not in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Procurement Control

a. Are quality capabilities of sources evaluated prior to procurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are applicable drawings and specifications referenced or included on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do quality assurance personnel review purchase orders to assure the incorporation of quality requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are certified test reports and/or certifications of conformance obtained on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Inspection Status

Yes No N/A

a. Are parts and assemblies indentified to indicate in-process inspection status

☐ ☐ ☐

b. Does material accepted show evidence of final inspection acceptance

☐ ☐ ☐

8. Packaging / Shipping

a. Is packaging and marking monitored by inspection

☐ ☐ ☐

b. Is there a pre-shipment review process to verify that all required documentation and certifications are included with the shipment

☐ ☐ ☐

9. Preventive Maintenance

a. Do you have a preventive maintenance program

☐ ☐ ☐

b. Do you have a preventive maintenance schedule

☐ ☐ ☐

Supplemental Information

Please include any additional or supplemental information that could be pertinent to this application and the evaluation of your capabilities