



Environmental Tectonics Corporation

Form Revision: B
Form Date: February 4, 2009

Supplier/Vendor Quality System Assessment Form

Supplier/Vendor Name:

Address:

Brief Description of Type(s) of Products or Services Offered:

Contacts:	Name:	Title:	Telephone #	Fax#	E-Mail:
Quality					
Operations					

Current Contracts: GOVERNMENT % _____ COMMERCIAL % _____ SUBCONT % _____
Has your Company performed as a Vendor or Subcontractor on US Government Contracts? Y ___ N ___

Total # of employees		Total # of operating shifts	
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*Please supply a copy of the current organizational chart for your company, if available.
Please supply a copy of Sales Brochures for your Products or Services, if available.*

Quality System & Procedures:

Is your quality inspection system documented in a manual and/or procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is your company's quality system registered to a recognized standard, accreditation, or registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

If yes, please supply a copy of your certificate of registration and a photocopy of the index of your Quality Manual and a copy of your last audit.

Contract / Order Review:

Are contracts and orders reviewed to ensure that customer requirements have been defined and that any questions or issues are resolved prior to accepting the contract or order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Are there procedures and controls in effect to assure that specifications, and instructions required by the contract or order, as well as any communicated changes, are used for manufacturing, inspection and testing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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Equipment Calibration & Control:			
Are measuring devices, inspection gauges and test equipment adequate for the inspection or service provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is there a system in place to control, calibrate, and maintain Test, Inspection and Measuring Equipment (TIME)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is calibrated TIME traceable to a National Standard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Do documented procedures exist that provide for the retention of equipment change and /or calibration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Procurement Control:			
Is there a system in place to ensure that purchased product, services or raw material conforms to specified requirements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are purchase orders reviewed for adequacy and approved prior to release?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Do documented procedures exist for the evaluation of new and existing suppliers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Inspection and Testing:			
Are receiving inspections and tests conducted following a written test plan, protocol, or procedure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are in-process inspections conducted following a written test plan, protocol, or procedure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is nonconforming product identified and segregated from conforming product?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Corrective and Preventive Action:			
Is there a system for effective handling of customer complaints?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are non-conformities evaluated for a system or process cause?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Handling, Storage, Packaging, Preservation and Delivery:			
Is product or customer equipment handled in a manner that prevents damage or deterioration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the quality of finished product protected during delivery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are there procedures in place to inspect and identify Customer furnished property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Internal Quality Audits:			
Is there an internal quality audit process in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, How often are internal quality audits performed?			
Is there a system in place for the collection, storage and maintenance of quality records?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Training:			
Are job descriptions and criteria available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are training needs identified and training provided for all personnel who perform activities that effect quality?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Supplier Quality Assessment completed by:		
Name	Title	Date

For use by ETC personnel only:

Supplier Quality Assessment reviewed by: <input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Name	Title	Date