



QF7.4.1A Rev. C
Date: August 20, 2010
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PRODUCT REALIZATION

Purchasing Process
Supplier Survey

APPROVED:
President *Mark A. Sargent*
Quality Manager *Chris Halpin*
ORIGINATOR: Matt R. Collett

Date Requested: _____

Due Date: _____

Attention:

The purpose of this survey is to determine your company's compliance to appropriate Quality Management System and specification requirements along with other ETI Tech, Inc. requirements.

Our Quality Assurance personnel will evaluate this survey. The submittal of this survey does not by itself constitute an approval of your company as a source for ETI Tech, Inc., nor does it obligate ETI Tech, Inc. to issue bid requests to your company.

After submittal of this form, an on-site audit may be conducted. Since Quality Assurance approval is necessary before any procurement award can be made, it is to your benefit to return this form as soon as possible.

*This survey also serves as a commitment to ETI Tech, Inc. that your company will maintain all documentation on file and make available to ETI Tech, Inc. upon request, as well as **provide all necessary documentation with the delivery of products** such as – Certification of Conformance, Material Certification, Special Process Certification, Dimensional Inspection Documentation and all other required documentation.

INSTRUCTIONS

1. All questions must be answered. Enter an "X" in the appropriate space or answer with the appropriate response (yes, no, N/A if not applicable).
2. Please type or print legibly in ink.
3. Answers should reflect your current status. Do not report procedures or capabilities that are anticipated or proposed.
4. If additional pages are required for detailed information, identify each page with a reference to appropriate question.
5. Submit an equipment list when returning this survey.
6. Return completed survey to ATTN: Quality Manager

Supplier Name: _____

Address: _____

City & State: _____

Phone No: / E-Mail _____ Fax: _____

Quality Contact Name, Job Title, Signature _____



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President [Signature]
Quality Manager [Signature]
ORIGINATOR: Matt R. Collett

Contact Information of ETI Tech, Inc. for this survey: _____

Phone _____ E-Mail _____ Fax: _____

1. Describe your primary product or service: _____

2. Number of years in business: _____

3. Number of employees: Total _____ Production _____ Inspection _____ QA _____

4. What percent (%) of your business is? Commercial _____ DOD _____

5. Have other companies approved your facility? [] yes [] no

If yes, please name: _____

6. Quality Management System in Compliance with:

AS 9100 _____ ISO9001 _____ NADCAP _____

Attach copy of certificate if certified.

NOTE: IF AS 9100, ISO 9000, or NADCAP certificate attached, skip to question 27.

7. Does your company maintain a Quality Manual? _____ Current Rev _____

8. Is there a current organization chart in your Quality Manual? _____

9. Does your company perform special processes such as Welding, NDT, ect...? [] yes [] no
If yes, please list compliance your company is in accordance with.

10. Are written procedures / work instructions available to [] Managers [] Inspectors [] Point of Use [] Others

11. Do you maintain written procedures for the control of drawing and contract changes? [] yes [] no



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12. Are personnel certification(s) involved with the performance of special processes?
[] yes [] no If yes, please list process and military/federal certifying specification number

13. Please list typical inspection equipment currently used by your inspection/manufacturing personnel _____
14. Are training records maintained for inspection equipment/personnel? [] yes [] no
15. Is your inspection equipment maintained by a formal calibration program? [] yes [] no
Specification Number _____
16. Do you utilize a traveler, manufacturing router or similar document for the sequence and control of operations? [] yes [] no
17. Who is responsible for analyzing customer returned goods and/or complaints for defective quality?
Name _____ Title _____
Phone _____ E-Mail _____
18. Does your system provide for corrective action to extend to all types of non-conformance's in functions, facilities and product? [] yes [] no
19. Is corrective action documented? [] yes [] no
20. How are rejected articles identified, segregated, and controlled? _____

21. Do you have a procedure for product handling, packaging and shipping? [] yes [] no
22. Do you use imported material for the manufacture of articles? [] yes [] no
If yes, do you maintain records of customs? [] yes [] no
23. Does management have objections to ETI Tech, Inc. source surveillance at your facility? [] yes [] no
24. Is Government Source Inspection (GSI) available? [] yes [] no
If yes, [] resident [] itinerant



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Specify agency_____ and location_____

25. Does your company have a security clearance? _____ Type _____

26. Does your company utilize electronic data for manufacturing or inspection? [] yes [] no

If yes, how is it controlled? _____

27. What is your record retention period? _____

***ETI Tech, Inc. prefers Supplier Record Retention of 7 Years.**

28. Are procedures in place with regards to the handling of Proprietary Data? [] yes [] no

If yes, how is it controlled? _____

29. Signature _____ Title _____ Date _____

FOR ETI TECH, INC. QUALITY MANAGER USE ONLY

Supplier Approved? [] yes [] no If approved, is an ETI Tech, Inc. Proprietary Information Agreement required? [] yes [] no If required, Completion Date: _____

An on-site Quality audit needs conducted? [] yes [] no

Supplier information added to the Approved Supplier Log? [] yes [] no

Supplier information added to the supplier performance evaluation rating? [] yes [] no

Signature_____ Date_____