SUPPLIER QUALITY SYSTEM SURVEY

This survey has been provided as part of our supplier qualification process.

This information is treated in strict confidence and your cooperation is appreciated.

Section 1 – Supplier Profile

Required

Company Name:			Completed forms to be returned on or before:
Address:	_____ _____ _____ _____		Type of Ownership: a) Sole Proprietor _____ b) Partnership _____ c) Corporation _____
City/State/Zip Code:			
Telephone No.:		FAX:	

IPG USE ONLY	Potential Supplier:	New Supplier:
Reason for Evaluation: (check one)	Scheduled Evaluation:	Specific Issue (if yes, explain):

Key Contact(s) (Optional)

Quality:	Ext:	Sales:	Ext:		
Finance:	Ext:				

Required

Products & Services *(Check one)*	Manufacturer ☐	Distributor ☐	Service ☐	Standard Parts Manufacturer ☐

Required

Size, Operational Profile & Location(s)

Total Number of Employees:	Direct	Indirect
Facility:		
Employee Union(s): Yes ☐ No ☐ If "YES", please indicate contract expiration date(s):		
Scheduled Facility Vacations/Shutdowns:		

Location	Years	Sq Ft Mfg	Sq Ft Whse	Sq Ft Total	Shifts	No. Emp.

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Required

Business Category (Please choose only one):	
Small Business (500 employees or less)	☐
Women Owned Small Business	☐
HUBZone Small Business	☐
Veteran Owned Small Business	☐
Service Disabled Veteran Small Business	☐
Other (if other, please explain)	☐

Required

Customers References:

Name	Years	Quality Rating	Delivery Rating	Period

Section 2. Supplier Survey

(Please Check One. Check __ if written remarks apply) Numbers 1 and 2 of this table are optional.

1. Are you Registered / Certified to a Quality Standards:	Yes ☐	No ☐	N/A ☐
- ISO9000	Yes ☐	No ☐	N/A ☐
- TL9000	Yes ☐	No ☐	N/A ☐
- ISO17025	Yes ☐	No ☐	N/A ☐
If "Yes", please submit a copy of Certification			
2. If planning to became certified, please indicate the standard below:		Expected date:	
-			
-			
-			
-			
3. Do you have a Disaster Recovery Contingency Program?	Yes ☐	No ☐	N/A ☐
If "No", please describe the plan to ensure delivery of the product:			

SUPPLIER QUALITY SYSTEM SURVEY

Required

Company Name:
Supplier Survey Performed By:

Name:

Title:

Date:

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Company to complete

Recommended Disposition:

_____ *Unsatisfactory*: Below minimum acceptance standards and requires formal corrective action prior to consideration.

_____ *Satisfactory:* Supplier quality system meets minimum requirements for acceptance to Qualified Supplier List.

Supplier Approved By:

Q.A. Department:	Name:	
	Title:	Date:
Purchasing Department:	Name:	
	Title:	Date:

Optional:

Manufacturing Engineering:	Name:	
	Title:	Date:

ISO 9001:2008
BUREAU VERITAS
Certification
Nº US 004116-1