



## SUPPLIER ASSESSMENT SURVEY

### Supplier Information:

Supplier Name:	Supplier Number:	(PRL USE only)	
Address:			
City:	State:	Country:	Postal Code:
Phone:	Fax:	Email:	
Web site address:			

### Management Organization:

Name:	Title:
Name:	Title:
Sales Contact:	Title:
Quality Contact:	Title:

### Products and Services:

Manufacturer ___ Distributor ___ Other ___
Primary Product Line:
Major Customers:
Processes Subcontracted:
Special Processes:

### Facility Information:

Square FT.	Number of Buildings:	Years at this location:	
Overall Condition of the facility:			
Total Employees:	Number in engineering:	Number in quality:	Number in manufacturing:



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### Quality System:

Is your company currently accredited to an ISO series standard? If yes, please provide a copy of registration.      Yes       No

Other equivalent standard: \_\_\_\_\_      Yes       No

A. Quality Assurance System - Procedures	YES	NO	NA	REFERENCE
Does your company have a written policy for defining their quality? Revision Date:				
Has your company defined and documented the quality policy, objectives and commitment to quality?				
Does your company have quality functions in place? <b>PLEASE LIST:</b>				
Is there an organizational chart? <b>PLEASE PROVIDE COPY</b>				
Does management perform regularly review of the adequacy of the quality system?				
Are there procedures to provide for quality of all materials, processes, tests, etc.? Either produced within your company's plant or procured from other sources?				
Is there an inspection system in place? Does it cover the control of manufacturing, testing and acceptance of parts?				
Is there a system to review customer requirements and implement those requirements?				
Does your company maintain procedures to control all documents? Verify the current revision of the drawing?				
Is the documentation readily available to the production and quality control personnel?				
B1. Inspection Documentation and Verification	YES	NO	NA	REFERENCE
Is there proof of inspection and test performed on products?				
Are there records that demonstrate adherence to the drawings, specifications or purchase orders?				
Are records maintained?      RETENTION PERIOD:				
Are records readily available upon request from PRL?				
Is purchased product verified? (Must check one or more below)				
◆ At supplier premises?				
◆ At sub-contractor's premises (source inspection)?				
◆ By delegating to the subcontractor?				
Is there periodic verification of certified test reports?				
B2. Inspection Equipment- Equipment and Calibration	YES	NO	NA	REFERENCE
Does the calibration system meet the requirements of ANSI/NCSL Z40-1 and or ISO 10012-1?				
Is there a system in place to accomplish periodic inspection of measurement tools?				
Is there evidence of calibration certificates?				
Is there evidence that all equipment calibrated is traceable to a national standard?				



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<b>B3. Sub-Contracting</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company review the purchase order and drawing for PRL or customer specified requirements?				
Does your company inspect sub-contracting material?				
Does your company have written procedures to provide for adequate control over special process suppliers? (Examples are plating, painting, heat treat, coatings etc.)				
<b>B 4. Manufacturing Control</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company have documented manufacturing work instructions?				
Do the work instructions have necessary approvals?				
Are there proper production tools and are they maintained?				
<b>B 5. Product Identification and Traceability</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Is there material traceability on the material or specification when required?				
<b>B6. Final Inspection of Product</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Is final inspection / testing performed prior to shipment to PRL?				
Are results of the testing recorded?				
Is inspection status maintained throughout the production?				
Is there a method for identifying nonconforming material?				
Is a first article on a part number completed when required by purchase order or specification?				
<b>B7. Non-Conforming Material</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Is non-conforming material properly identified and segregated?				
Is non-conforming material disposed of or rendered useless prior to disposal?				
Is there a system to notify Customer prior to shipping non-conforming material?				
<b>B 8. Customer or PRL Source Inspection</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company allow for source inspection by PRL or a designated 3 <sup>rd</sup> Party?				
If yes to the above question, does the shipping document show evidence of source inspection?				
<b>B 9. Statistical Process Controls (SPC)</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company utilize SPC in the manufacturing process?				
Is there a system to implement process controls when required on the purchase order or drawing for specified characteristics?				
Are sampling plans used?				
What plan and specification is used?				
<b>B 10. Customer Supplied Material Control</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company establish and maintain a documented procedure for control of verification storage and maintenance of customer supplied material?				
<b>B 11. Handling, Storage, Packaging, Preservation and Delivery</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company have procedures that document handling, storage, packaging, preservation and delivery of completed product?				
Does your company have procedures that establish handling methods?				
Does your company have an Electro Static Discharge (ESD) procedure?				
If yes to the above is there a training system in place?				
Does your company have procedures that establish proper storage to prevent damage or deterioration of product?				
Does your company have procedures in place to ensure proper packaging?				
Does your company have any shelf life items?				
If yes to the above is there a system to locate and remove expired items?				



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<b>C. Corrective Action- Corrective Action System</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company have a corrective action system?				
Does it address :				
1) Root cause of non-conformance				
2) The corrective action necessary to prevent the reoccurrence of the root cause				
3) The effectiveness of the corrective action				
4) Follow up to insure corrective action implementation and effectiveness				
Is there a system in place to monitor environmental practices?				
Does your company have system to respond to customer corrective actions?				
Do we need a return material authorization?				
Who should we <b>contact for Return Authorization:</b>				
<b>D. Service</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company maintain written procedures for tests/services you provide?				
Are methods utilized in provided test/services validated?				
Are validation reports available for review by appropriate PRL staff?				
<b>E. Safety and Environmental</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Is there a safety committee?				
Is there a system in place to monitor environmental practices?				
<b>F. Training</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Are there training programs in place?				
Are there records of the training?				
Are the personnel properly trained for the tasks they are performing?				
<b>G. Software</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>REFERENCE</b>
Does your company provide on-going user support for software?				
Are user manuals, release notes, system manuals, etc. included with upgrades?				
Does your company have a documented process to investigate/fix bugs?				
Does your company have a documented process for the validation of software?				
Does your company provide installation and validation support on-site?				
Does your company provide Part 11 compliance certification when applicable?				

**Additional Comments:** (cell will expand with text)

### PERSON COMPLETING FORM

Name: (print)			
Signature:		Date:	
Title			



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### INSTRUCTIONS FOR COMPLETION OF FORM:

1. Please answer all questions. NA may be appropriate based on your particular organization. You may add additional comments to a separate sheet of paper if you wish. Particular attention should be given to providing explanation for "No" responses. You may use the Additional Comments Section.
2. In the REFERENCE column please list your procedure/policy number that addresses the relevant section.
3. If this form was provided as an e-mail attachment, you may complete it and return electronically. If you wish to have an electronic version to complete, please e-mail your request to [dave.drovetta@prlnet.com](mailto:dave.drovetta@prlnet.com)
4. If provided as hard copy, please return to:

PHYSICIANS REFERENCE LABORATORY  
ATTN: QUALITY ASSURANCE  
7800 W 110<sup>TH</sup> ST  
OVERLAND PARK, KS. 66210

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