

## Supplier Quality System Survey

**Note to supplier: If your quality system has been accredited to ISO 9001, AS9100, AS9120, NADCAP, MIL-STD or Boeing D1-9000; complete only the first page, attach a copy of the certificate/approval and return the survey to HASCO, Inc.**

Company Name:	
Address:	
City:	
State:	
Zip Code:	

<b>Head of Quality Organization:</b>					
Name:				Title:	
Telephone				Fax:	
Email:					
Number of Locations:		Total Square Footage (this facility):			
Service or Product Provided:					
Number of Employees		Quality:		Production:	
System Approvals:	AS9100 <input type="checkbox"/>	ISO9001 <input type="checkbox"/>	NADCAP <input type="checkbox"/>	OTHER <input type="checkbox"/>	
Company Classification:	Large <input type="checkbox"/>	Small <input type="checkbox"/>	Disadvantaged <input type="checkbox"/>	Woman Owned <input type="checkbox"/>	Other <input type="checkbox"/>
Years at Current Address					
Has the organization received a copy of HASCO, Inc. Terms & Conditions and Purchase Order Quality Provisions?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Survey Completed and acknowledged: I certify that the information supplied in this survey is true and complete and I have read HASCO's Terms and Conditions located on their website @ <a href="http://www.hasco-inc.vom/terms/">www.hasco-inc.vom/terms/</a>.</b>					
Name:	Title:			Date:	

*The information contained in this audit is kept confidential. Access to this information is limited to HASCO, Inc. and approved representatives. Completion of this survey does not constitute approval. Responses to this survey are subject to verification by HASCO, Inc.*

***** HASCO QUALITY DEPARTMENT USE ONLY *****	
Analysis of Supplier Survey Form	Approved _____ Conditional _____ Not Approved _____
Supplier Risk to HASCO or Processes:	High _____ Medium _____ Low _____
High: No history with supplier, no accredited third-party certification, new business. Medium: Change in process, location, ownership. Low: Known supplier, accredited third party certified. <b>Reviewer-provide justification of approval where responses identify high risk.</b>	
Signature of HASCO Reviewer _____	Date: _____



## Supplier Quality System Survey

A	GENERAL-Briefly describe process, controls and documentation, as it applies.
1.	What type of documentation does your organization currently have?  Briefly describe your traceability throughout production, including split orders?
2.	What software systems do you currently use for production purposes?
3.	Does your organization use calibrated inspection equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please describe:
4.	What type of inspection points take place during production?  Describe process regarding proof of authorized personnel releasing product for shipment to customer?
5.	Is a system in place to perform internal audits to assure an effective quality system? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please describe:
6.	If there a sampling plan for inspection and final inspection/release prior to shipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please describe:
7.	Does your organization have a program in place to detect foreign object and materials in production and inspection? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please describe:
8.	What processes does your organization outsource?
9.	Does your organization have a counterfeit program in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please describe:
10.	Provide any additional information that may support an understanding of your internal controls.