

# Supplier Quality Survey



This form is a self-assessment to help ensure your quality management system aligns with HASCO's supplier selection and evaluation requirements. Please complete and return it within 10 days of issuance. To further support our partnership, an on-site assessment may also be scheduled in addition to this form or at a later date.

## COMPANY INFORMATION

Company Name:

Address:

City:	State:	Country:	Zip:
Phone:	Fax:	Email:	Website:
Number of Locations:	Years at Primary Facility:	Total Square Footage (Primary Facility):	
Total Employees:	Quality:	Production:	Sales:
Supplier Type:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Independent Distributor	<input type="checkbox"/> Franchise Distributor

Service or Product Provided:

## KEY CONTACTS

Primary: Title:	Email:	Phone:
Quality:	Email:	Phone:
Accounting:	Email:	Phone:
Sales:	Email:	Phone:

## CERTIFICATIONS & CLASSIFICATIONS

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"/>

### Note to Supplier:

If your quality system is accredited to ISO 9001, AS9100, AS9120, NADCAP, MIL-STD, or Boeing D1-9000, you may skip page three (3). Please complete the Security & System Controls assessment, certify your submission, and attach a copy of your current quality certificate. Return the completed survey to [Sales@hasco-inc.com](mailto:Sales@hasco-inc.com).

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Mark as N/A if it does not apply to the commodity/service provided:

QUALITY SYSTEM & QMS DEVELOPMENT	YES	NO	N/A
• Is there a quality manual? <b>Document No.</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a procedure to control revision levels on drawings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a procedure for controlling quality records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are quality processes reviewed and approved by management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENT CONTROL	YES	NO	N/A
• Do you have document retention procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are controlled documents identified to prevent unauthorized or obsolete copies from being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you maintain a file for obsolete drawings and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a procedure for destroying documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• How long are internal test, inspection, and quality documents retained? _____			

PRODUCTION	YES	NO	N/A
• Are request for quotations reviewed including any drawings, specifications, requirements, and documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are purchase orders reviewed including any drawings, specifications, requirements, and documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have an approved supplier list that is monitored and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is material traceable through all steps at your facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have counterfeit prevention procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a procedure for detecting and preventing foreign object and materials during production and inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• What production processes are outsourced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK MITIGATION & IMPROVEMENTS	YES	NO	N/A
• Is there a system for analyzing and monitoring customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a procedure for internal audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a receiving inspection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a final inspection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are ITAR documents controlled and monitored in compliance to ITAR regulations?			
• Is there a procedure for nonconforming material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a corrective action procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is there a continuous improvement system and/or process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECURITY & SYSTEM CONTROLS	YES	NO	N/A
• Are these systems compliant with the requirements DFARS 252.204-7012 "Safeguarding Covered Defense Information and Cyber Incident Reporting"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Has your company implemented all 110 NIST 800-171 controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If "No" to question S2, is your company operating under a Plan of Action and Milestones (POAM)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If your company is operating under a POAM:			
i. Please provide the POAM closure date: _____			
ii. Has your company implemented all 31 Basic Security Requirement controls?	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Has your company implemented 100 or more controls?	<input type="checkbox"/>	<input type="checkbox"/>	
• Does your company currently hold a Medium Level of Assurance (MLOA) Certificate to access DIBNET portal for cyber incident reporting?	<input type="checkbox"/>	<input type="checkbox"/>	
• Is your company compliant with the requirements of DFARS 252.204-7019 and DFARS 252.204-7020 "NIST SP 800-171 DoD Assessment Requirements"?	<input type="checkbox"/>	<input type="checkbox"/>	
If "Yes," please provide:			
<input type="checkbox"/> Self-Assessment, SPRS score submission date: _____			
<input type="checkbox"/> Defense Industrial Base Cyber Security Assessment Center (DIB CAC):			
• DIB CAC Assessment Date: _____			
• DIB CAC Level: <input type="checkbox"/> Medium <input type="checkbox"/> High			

SECURITY & SYSTEM CONTROLS		
I certify that the information supplied in this survey is true and complete to the best of my knowledge and I have read and understand HASCO's Terms and Conditions: <a href="https://hasco-inc.com/terms">hasco-inc.com/terms</a> .		
Signature:		
Name:	Title:	Date:

FOR INTERNAL USE ONLY	
Supplier Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approval <input type="checkbox"/> Conditional _____
Risk Assessment:	<input type="checkbox"/> Low: Known Supplier, Third-Party Certified <input type="checkbox"/> Medium: Process Transition, Change in Location/Ownership <input type="checkbox"/> High: No History, No Certifications, New Business
Comments:	
Signature:	Date:

All information provided in this supplier survey will be treated as confidential and will only be accessible to HASCO, Inc. and its authorized representatives. Completion of this survey does not guarantee approval. All responses are subject to verification by HASCO, Inc.