



Title

Supplier & Vendor Questionnaire

Standard

AS 9100D

Effective Date:

09/21/2020

Pages

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Your Company Info

Company Name:

Contact Name & Email:

Address #:

Date:

Phone #:

Questionnaire

Part-Time

Full Time

- 1) How many Part-Time & Full-Time Employees in Quality?
- 2) How many part-Time & Full-Time Employees in Production?
- 3) How many Part-Time & Full-Time Employees in Customer Service?
- 4) How many Part-Time & Full-Time Employees in Administration?
- 5) How many Part-Time & Full-Time Employees in Management
- 6) Does your company currently hold a valid AS or ISO certificate for Quality Management?

(If Yes, provide the following information) Standard

Certificate #

Date Issued

Accreditation Body

Date Exp

- 7) Does your company have a Quality Management System (QMS)? YES / NO

(If YES, please identify the QMS in Practice)

(If NO, please explain how the organization manages its quality & control of non-conforming materials and corrective actions.)

- 8) Do customer and/or regulatory authority representatives have access to QMS Documentation?

YES / NO

(If YES, describe the type of access permitted)

- 9) How does your company demonstrate the sequence and interaction of its quality related processes? (attach if needed)

- 10) Does your company documentation include a Quality Policy & Quality Objectives?

YES / NO (If YES, please attach a copy)

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11) Does your company QMS documentation include a Quality Plan (manual)?

Comments:

12) Does your company have a documented procedure for Control of documents, records, & non-conformance? YES / NO

(if not all, explain which ones)

13) Does your company QMS include a documented procedure for corrective actions & internal auditing? YES / NO

(if not all, explain which ones)

Comments:

14) Does your company have a documented procedure for measuring & monitoring Customer Satisfaction? YES / NO

(if YES, please describe methods used)

(if NO, please explain)

15) Does your company monitor & measure key performance indicators (KPI) at the production and/or service process level? YES / NO

(if YES, please describe methods used)

(if NO, please explain)

16) How are Quality Objectives measured, monitored, and communicated to company personnel?

17) Does your company have a documented procedure for employee development and training?

YES / NO

(if YES, please describe methods used)

18) Does your company have a documented procedure for analyzing the effectiveness of its QMS?

YES / NO

(if YES, please describe methods used)

Thank You for Completing our Survey**Please add below any comments or suggestions that you would want to include with this survey?****Document Information**

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