

Supplier: _____	Address: _____
Phone: _____	Fax: _____
Prime Contact/Title: _____	e-mail address _____
Sales Contact/Title: _____	e-mail address _____
Quality Contact/Title: _____	e-mail address _____

<b>1. Type of Business:</b> _____	
a) Number of years in business? _____	
b) Company is <input type="checkbox"/> Publicly held <input type="checkbox"/> Privately owned	
c) Disadvantaged Business(Only for Business operating in the USA): Small <input type="checkbox"/> , Small Women Owned <input type="checkbox"/> , Small Minority Owned <input type="checkbox"/> , Small Disabled Veteran Owned <input type="checkbox"/> Small Disabled Owned <input type="checkbox"/> , HUBzone Supplier <input type="checkbox"/> , SBA certified/ registered <input type="checkbox"/> . List other certifications under comments.	
d) This facility, size (ft <sup>2</sup> ) _____	f) Major customers _____
g) Commodities supplied? _____	
Supplier Changes/comments: _____	

<b>2. Headcount breakdown by group:</b>			
R&D		Purchasing	
Engineering		Production Control	
Manufacturing, Direct		Quality Assurance	
Manufacturing, Indirect		Facilities	

		YES	NO	N/A
<b>3.0</b>	<b>CERTIFICATIONS</b>			
	Are you certified to an ISO or AS organization? If yes, indicate applicable series: <input type="checkbox"/> ISO 9001/2008 <input type="checkbox"/> AS9100 <input type="checkbox"/> D1-9000 <input type="checkbox"/> Mil-I-45208 <input type="checkbox"/> NADCAP <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate# : _____ Date of certification: _____			
	Is the certification issued by an accredited registrar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Registrar's name: _____			
	Are you ITAR/ EAR Compliance? *Please check the ( ) as applicable ITAR ( )    EAR ( )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you Digital Product Definition (DPD) approved? DPD approved by: Boeing ( ) , Others (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>NOTE:</b> If ISO9000/AS9100 certified by accredited registrar and in good standing (current), NO NEED to proceed. Complete this section and the Cover Sheet <b>ONLY</b> and return them with a copy of your registration certification via email or fax.			

		YES	NO	N/A
<b>4.0</b>	<b>Context of the organization</b>			
<b>4.1</b>	Does the organization monitor and review the external and internal issues that are relevant to the Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.2</b>	Does the organization understand the requirement, needs and expectations of Rubbercraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.3</b>	Does the organization determine the scope of the Quality Management System with documented information maintained, products covered and justification provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.4</b>	<b>Quality Management System and its Processes</b>			
<b>4.4.1</b>	Does the organization establish, implement, maintain, and continually improve the Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.4.2</b>	Has a Quality Manual been created and is it maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
<b>5.0</b>	<b>Leadership</b>			
<b>5.1</b>	<b>Leadership and Commitment</b>			
5.1.1a	Does the top management review the Quality Management System to ensure its continuing suitability, adequacy and effectiveness, and are the review internals planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.1b	Are results of management review recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2a	Does top management have systems in place to ensure that customer needs and expectations are determined, and that these are converted into requirements and fulfilled with the aim of achieving customer satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1.2b	Are obligations related to product, including legal and regulatory requirements identified, and measurement established to fulfill the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.2</b>	<b>Policy</b>			
5.2.1	Has top management established a controlled Quality Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2.2	Has top management communicated the Quality Policy throughout the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Does top management ensure that responsibilities and authorities for relevant roles are assigned, communicated, and understood within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
<b>6.0</b>	<b>Planning</b>			
<b>6.1</b>	<b>Actions to Address Risks &amp; Opportunities</b>			
6.1.1	Does the organization consider the risks and opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1.2	Does the organization have an action plan to address the risks and opportunities, integrate and implement the Quality Management System processes and evaluate its effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.2</b>	<b>Quality Objectives and Planning</b>			
6.2.1	Are measurable quality objectives established by top management at relevant functions and levels within the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2.2	Are the outputs of quality planning, including assessment of needed resources, and continual improvement, documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Does the organization implement the changes in a planned manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
<b>7.0</b>	<b>Support</b>			
<b>7.1</b>	<b>Resources</b>			
	Does the organization consider the capabilities of and constraints of the			

<b>7.1.1</b>	internal resources and the needs to obtain from external providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.2</b>	Are personnel assigned to implement and control the Quality Management System operation and processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.3</b>	Have the facilities needed to achieve conformity of product been provided and maintained, including buildings, associated utilities, hardware equipment, software equipment, transportation resources, information and communication technology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.4a</b>	Are the facilities maintained to achieve conformity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.4b</b>	Are human and physical factors of the work environment considered and managed by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.5</b>	<b>Monitoring and Measuring Resources</b>			
<b>7.1.5a</b>	Does the organization ensure and maintain the resources that are suitable for performing the specific type of monitoring and measurement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.5b</b>	Does the organization have tool control management and maintenance process, including periodic measurement / calibration to ensure the valid and reliable monitoring and measuring results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.6a</b>	Does the organization determine and maintain the knowledge to achieve product conformity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.1.6b</b>	List available equipment considered to key to meeting Rubbercraft requirements:	<b>List of equipment:</b> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		
<b>7.2a</b>	Are personnel with assigned responsibilities defined in the Quality Management System competent based on education, training, skills, and experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.2b</b>	Are records of education, experience, training and qualifications maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.3</b>	Does the organization ensure the employees work under control are aware of: <ul style="list-style-type: none"> <li>i) Quality Policy;</li> <li>ii) Quality objectives;</li> <li>iii) Their contribution to the effectiveness of Quality Management and benefits of improved performance;</li> <li>iv) Implication of non-conforming;</li> <li>v) Quality Management System documented information and changes;</li> <li>vi) Their contribution to product or service conformity;</li> <li>vii) Their contribution to product safety;</li> <li>viii) Importance of ethical behavior.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.4</b>	Does the organization establish a procedure to handle the internal and external feedback relevant to the Quality Management System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.5</b>	<b>Documented Information</b>			
<b>7.5.1</b>	Has the organization established documented procedures for control of documents, control of quality records, internal audit, control of nonconformity,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	corrective action, and preventive actions?			
7.5.2	Does the organization ensure appropriate identification, description, format, review and approval when create and update the documentation information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5.3a	If records are stored electronically, is there a back-up system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5.3b	Records shall be maintained for a minimum of (7) years, including physical and chemical test reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
<b>8</b>	<b>OPERATION</b>			
<b>8.1</b>	<b>Operational Planning and Control</b>			
8.1a	Does the organization control production and service operation through: <ul style="list-style-type: none"> <li>• the availability of information that specifies the characteristics of the product?</li> <li>• where necessary, the availability of work instructions?</li> <li>• the use and maintenance of suitable equipment for production and service operations?</li> <li>• the availability and use of measuring and monitoring devices?</li> <li>• the implementation of monitoring activities?</li> <li>• the implementation of defined processes for release, delivery and applicable post-delivery activities?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1b	Does the organization have business continuity plan to manage the operational risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1.2	Does the organization plan, implement and control the product identity, traceability and documented information to ensure the physical and functional attributes is being identified and controlled throughout the product lifecycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1.3	Does the organization assure the product safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1.4	Does the process ensure that the nonconformity products is identified and controlled to prevent unintended use or delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.2</b>	<b>Requirements for Products and Services</b>			
8.2.1	Are arrangements for communication of order amendments, customer feedback, and customer complaints identified and implemented by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2.2	Are processes established by the organization to determine specified product requirements, delivery, support, service, and regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2.3	Does the organization review customer requirements and other requirements determined by the organization prior to commitment to supply a product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.3</b>	<b>Design and Development of Products and Services</b>			
8.3.1	Is there a design and development plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3.2	Are the design inputs defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3.3	Does the organization track the expiration dates of the material procurement agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3.4	Does the organization have test plan to ensure that the products meet the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	specification requirements?			
8.4.1a	Does the organization control its purchasing processes to ensure purchased product conforms to requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4.1b	Does the organization evaluate and select suppliers based on their ability to supply product in accordance with the organization requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4.1c	Has the organization identified and implemented the activities necessary for verification of purchased product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.5</b>	<b>Production and Service Provision</b>			
8.5.1a	Does the organization conduct periodic check to the equipment, tools and software programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.1b	Has the organization identified production and service processes which require to be validated? <i>(Processes require validation when resulting output cannot be verified by subsequent measurement or monitoring. This includes any process where deficiencies may become apparent only after the product is in use or the service has been delivered.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.1c	Are the processes validated to demonstrate their ability to achieve planned results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.1d	Are the validation arrangements defined and do they include the following, as applicable: <ul style="list-style-type: none"> <li>• qualification of processes?</li> <li>• qualification of equipment and personnel?</li> <li>• use of defined methodologies and procedures?</li> <li>• requirements for records?</li> <li>• re-validation?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.2	Does the organization control and record the unique identification of the product, where traceability is a requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.3a	Are the process established to exercise care with customer property while it is under the organization's control or being used by the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.3b	Does the process ensure that occurrences of any customer property that is lost, damaged or otherwise found to be unsuitable for use are <u>recorded</u> and <u>reported</u> to the customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.4	Does the organization carry out the identification, handling, contamination control, packaging storage, transmission or transportation, and protection to the products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.5a	Does the process ensure that appropriate action regarding the consequences of nonconformity is initiated, when nonconforming product is detected after delivery or use has started by interested parties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.5b	When required, does the organization report to the customer, the end user, regulatory body or other body regarding the proposed rectification of non-conforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5.6	Does the review process ensure that relevant personnel in the organization are made aware of product change requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Does the organization have production planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7.1a	Are methods and controls established by the organization to preserve conformity of product with customer requirements during internal processing and delivery to intended destination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7.1b	Is nonconforming product corrected and subject to re-verification after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	correction to demonstrate conformity?			
8.7.2	Has a documented procedure been established to define the processes involved in control of nonconformity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
<b>9.0</b>	<b>Performance Evaluation</b>			
<b>9.1</b>	<b>Monitoring, Measurement, Analysis, and Evaluation</b>			
9.1.1a	Has the organization identified the measurements to be made and the measuring and monitoring devices required to assure conformity of product to specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1b	Where applicable, are the measuring and monitoring devices: <ul style="list-style-type: none"> <li>calibrated and adjusted periodically or prior to use, against devices traceable to international or national standards; where no such standards exist, the basis used for calibration shall be recorded?</li> <li>safeguarded from adjustments that would invalidate the calibration?</li> <li>protected from damage and deterioration during handling, maintenance and storage?</li> <li>have the results of their calibration recorded?</li> <li>have the validity of previous results re-assessed, if they are subsequently found to be out of calibration, and corrective action taken?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1c	Is software that is used for measuring and monitoring of specified requirements validated prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1d	Are suitable methods established for measurement and monitoring of those realization processes necessary to meet customer requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1e	Has the organization established appropriate stages to measure and monitor product characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.1f	Do the measurement and monitoring records indicate the authority responsible for release of the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.2	Does the organization monitor and measure the customer satisfaction and/or dissatisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.3a	Is there evidence to assure that product characteristics meet the requirements for the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.1.3b	Is the evidence of conformity with acceptance criteria documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.2</b>	<b>Internal Audit</b>			

<b>9.2.1</b>	Has a documented internal audit procedure been established that includes: <ul style="list-style-type: none"> <li>• responsibilities?</li> <li>• requirements for conducting the audit?</li> <li>• an audit plan</li> <li>• ensuring audit independence?</li> <li>• recording results of the audit?</li> <li>• reporting audit results to management?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.2.2</b>	Does the management take timely corrective action on deficiencies found during the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	N/A
<b>10</b>	<b>Improvement</b>			
<b>10.1</b>	Does the organization employ measures to collect and analyze appropriate data to determine the suitability and effectiveness of the Quality Management System and to identify opportunities for improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.2</b>	Does the organization take corrective actions when a nonconformity occurs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.3.1</b>	Is there objective evidence of continual improvement, with involvement of top management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.3.2</b>	Has the organization established a functional corrective action process with defined requirements for: <ul style="list-style-type: none"> <li>• identifying non-conformities (including customer complaints)?</li> <li>• determining the causes of nonconformity?</li> <li>• evaluating the need for actions to ensure that nonconformities do not recur?</li> <li>• determining and implementing the corrective action needed?</li> <li>• <u>recording</u> results of action taken?</li> <li>• Review of corrective action taken and its effectiveness?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

*SURVEY COMPLETED BY:*

*SIGNATURE:*

*DATE:*



To be completed by RubberCraft Inc.

Review Date: \_\_\_\_\_

Supplier Status:  Approved

Not Approved

Pending

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Next Review Date: \_\_\_\_\_

Signature: \_\_\_\_\_