



9670 GALENA ST
RIVERSIDE, CA 92509

**Supplier
Quality System Survey**

SPECIFICATION (S) COMPATIBLE WITH YOUR QA SYSTEM AND PROCEDURES (CHECK ALL THAT APPLY)

Registered Quality Management System? *Registered: Must send copy of 3 rd party Certificate of Registration. Certificate must show ANAB or IAF Accredited . Complaint claimed companies (by self-internal audit or by non-accredited company) are not considered Certified Systems. An on-site may be required.	ISO-9001 Quality Management System	<input type="checkbox"/> *YES <input type="checkbox"/> NO
	IATF 16949 Quality Management System	<input type="checkbox"/> *YES <input type="checkbox"/> NO
	AS-9100 Quality Management System	<input type="checkbox"/> *YES <input type="checkbox"/> NO
	ISO 10012-1 or ANSI/NCLZ Z540-1 (CALIBRATION)	<input type="checkbox"/> *YES <input type="checkbox"/> NO
	OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Quality	Inspection/Control	Calibration
<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> ANSI/ASQC Z1.4	<input type="checkbox"/> ANSI/NCSL Z540.3
<input type="checkbox"/> IATF 16949:2016	<input type="checkbox"/> ANSI/ASQC Z1.9	<input type="checkbox"/> ISO10012
<input type="checkbox"/> AS9100D	<input type="checkbox"/> ANSI/ESD S20.20	<input type="checkbox"/> ISO/IEC 17025
<input type="checkbox"/> NADCAP	<input type="checkbox"/> IPC-A-610	
<input type="checkbox"/> NAS 412 (FOD)	<input type="checkbox"/> IPC-A-620	
	<input type="checkbox"/> IPC J-STD-001	
<input type="checkbox"/> Other (please specify):		

Does your company have a Counterfeit Parts program in place? YES NO

MECHANICAL INSPECTION CAPABILITY

(Check this box if you do not perform inspection, otherwise answer the following questions)

CMM YES NO IF YES, HOW MANY? MANUAL or PROGRAMABLE

TABLE SIZE: DCC SYSTEM? YES NO SOFTWARE TYPE:

FARO ARM? YES NO

OPTICAL COMPARATOR? YES NO DOES IT HAVE DIGITAL X & Y READINGS? YES NO

DO YOU HAVE A PROFILOMETER? YES NO

NO. OF EMPLOYEES:	NO. IN MFG:	NO. IN QA:	NO. IN ENG:	SHIFTS WORKED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Survey Completed by	Position/Title	Date
Print Name		
Signature		

E-mail completed survey to: Quality_Eldorado@eldorado-ca.com

SURVEY RESULTS FOR ENC USE ONLY

This is a New Supplier Evaluation

This is a 3-year Evaluation Review If 3 yr. evaluation, fill out fields below

Total POs issued last 3 years

Yr 1: Yr 2: Yr 3:

ENC ASL Supplier ID#
Suppliers Current OTD Score:
Suppliers Quality Score:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED:	<input type="checkbox"/> CONDITIONAL APPROVAL (STATE LIMITATION):	
ENC COMMENTS:			
<input type="checkbox"/> FOLLOW-UP SURVEY REQUIRED	<input type="checkbox"/> FOLLOW-UP DATE:	FOLLOW-UP RESULTS:	
QA MANAGER / QE (PRINT NAME):		SIGNATURE:	DATE:
QA MANAGER FINAL COMMENTS:			



1. QUALITY MANAGEMENT

(Check this box if you do not have a Quality Management System, otherwise answer the following questions)

- 1.1 Is there a stated and signed Quality Policy and Quality Manual? Yes No
- 1.2 Are there documented and approved Quality Procedures and are they available to all personnel? Yes No
- 1.3 Is there documented evidence of periodic review for the Quality Management System (QMS) and procedures? Yes No
- 1.4 Does Management review the Quality System for suitability and effectiveness? Yes No
- 1.5 Is there a FOD and Counterfeit Parts Program in place to assure contractual compliance? Yes No
- 1.6 Do you have a process for measuring and improving customer satisfaction? Yes No
- 1.7 Do you conduct periodic management reviews of your system? Yes No
- 1.8 Does Top Management Use Risk-Based Thinking in manufacturing process? Yes No

2. DOCUMENTATION AND RECORDS

(Check this box if you do not control documents and record, otherwise answer the following questions)

- 2.1 Is there a system in place to control all documents and records that affect quality? Yes No
- 2.2 Are documents and records controlled by revision and/or date? Yes No
- 2.3 Are documents affecting quality approved prior to release? Yes No
- 2.4 Are pertinent documents located and easily accessible in areas where work is being performed? Yes No
- 2.5 Is there a system in place to control obsolete documents? Yes No
- 2.6 Are documents and records appropriately identified, filed, stored and controlled in an environment to prevent deterioration, damage and loss and are easily retrieved? Yes No

3. TRAINING

(Check this box if you do not have a Training program, otherwise answer the following questions)

- 3.1 Is there a documented training program in place for new hires as well as recurring training for current employees? Yes No
- 3.2 Does the system evaluate the effectiveness of the training provided? Yes No
- 3.3 Are there documented training records of employees being trained? Including those performing a specific process? (i.e. Solder, ESD) Yes No



4. CONTRACT REVIEW

(Check this box if you do not have a Contract Review system, otherwise answer the following questions)

- 4.1 Does the supplier perform and document contract review? Yes No
- 4.2 Are the reviews performed by all concerned functions? Yes No
- 4.3 Does the supplier flow down contractual requirements? Yes No
- 4.4 Does the quality organization review contracts prior to acceptance? Yes No
- 4.5 Are there procedures for the control of customer-supplied material or products? Yes No

5. PURCHASING

(Check this box if you do not have a controlled Purchasing system, otherwise answer the following questions)

- 5.1 Is there a system for selecting and approving suppliers? Yes No
- 5.2 Does the supplier have an approved supplier list? Yes No
- 5.3 Does the supplier flow down specific contract requirements to their sub-contractors? Yes No
- 5.4 Are purchasing documents reviewed prior to release and are these reviews documented? Yes No
- 5.5 Are purchased products inspected and verified for proper identification and documentation before used or shipped? Yes No
- 5.6 Is there a flow down for a counterfeit parts program to their Suppliers to assure electronic parts are from original lots? Yes No
- 5.7 Does the supplier purchase supplies or services by an approved customer source when required by contract? Yes No

6. HANDLING, STORAGE, PACKAGING, PRESERVATION AND DELIVERY

(Check this box if your system does not require to have these controls in place, otherwise answer the following questions)

- 6.1 Are there procedures addressing handling, storage, packaging, preservation and delivery? Yes No
- 6.2 Do the procedures address methods of handling product to prevent damage and deterioration throughout the manufacturing process? Yes No
- 6.3 Are accepted product located in an area to prevent damage or deterioration? Yes No
- 6.4 Does the supplier have a system for age control of rubber goods, gaskets, packing, adhesives, sealant, etc. (shelf-life)? Yes No
- 6.6 Is packaging and marking controlled to ensure conformance to specifications and delivery of products? Yes No
- 6.7 Does the supplier protect product for shipment to prevent damage during transit to customers? Yes No



7. PROCESS CONTROL

(Check this box if you do not have a Process Control System, otherwise answer the following questions)

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 7.1 | Are there documented procedures or work instructions defining the production processes that could adversely affect quality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.2 | Are there documented procedures defining the use of suitable production equipment and a suitable working environment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.3 | Does the supplier monitor and control process parameters and product characteristics? (SPC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.5 | Are there documented procedures or instructions with samples or pictures identifying criteria for workmanship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.6 | Are there procedures to ensure that products are identified and traceable throughout all stages of manufacturing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.7 | Does the supplier have a maintenance procedure and schedule for equipment and machines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.8 | Is there a documented process for FOD/FOE? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7.9 | Is there a documented process for ESD? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

8. INSPECTION AND TESTING

(Check this box if you do not perform Inspection or Testing, otherwise answer the following questions)

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 8.1 | Are there documented procedures for the inspection and testing of the product or processes provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.2 | Does the supplier perform receiving inspection of products received from a subcontractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.3 | Is there a documented process for counterfeit parts prevention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.4 | Are the receiving inspections and testing documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.5 | Are there means to identify the inspection and test status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.6 | Are there documented procedures for in-process and final inspections and testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8.7 | Are there records identifying the results of inspection and testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



9. CONTROL OF INSPECTION, MEASURING AND TEST EQUIPMENT

(Check this box if you do not control Inspection, Measuring & Test Equipment, otherwise answer the following questions)

- 9.1 Does the supplier have a documented procedure and system for controlling the calibration of measuring and test equipment? Yes No
- 9.2 Are measuring and test equipment calibrated in accordance with ANSI Z540-1 of ISO 10012-1? Yes No
- 9.3 Are records of calibration and certification maintained and readily accessible? Yes No
- 9.4 Are the standards used for calibration traceable to N.I.S.T.? Yes No
- 9.5 Are each equipment uniquely identified? Yes No
- 9.8 Does equipment identification include, as a minimum, date calibrated, due date for next calibration and identification of calibrating personnel? Yes No
- 9.9 Are calibration intervals adjusted based upon previous calibrations to maintain acceptable reliability? Yes No
- 9.10 Are operators trained to properly handle equipment found to be out of tolerance or out of calibration? Yes No
- 9.11 Is there an Master calibration list showing the status and recall date for each equipment? Yes No

10. CONTROL OF NONCONFORMING PRODUCT

(Check this box if you do not Control Nonconforming Product, otherwise answer the following questions)

- 10.1 Is there a documented procedure for the identification and segregation of nonconforming materials to prevent the unintended use or installation? Yes No
- 10.2 Are there provisions for customer notification and requests for acceptance of nonconforming products when required? Yes No
- 10.3 Are dispositions clearly identified and instructions for rework or repair clearly stated? Yes No
- 10.4 Do the records have the authorized signatures? Yes No
- 10.5 Are materials that are subjected to rework or other authorized procedures verified afterwards for complete conformity? Yes No

11. CORRECTIVE ACTION

(Check this box if you do not have a Corrective Action System, otherwise answer the following questions)

- 11.1 Are there documented process for implementing Corrective Actions? Yes No
- 11.2 Does the process include the effective handling of customer complaints and reports of product nonconformities? Yes No



- 11.3 Do the records reflect follow-up action on the corrective action taken? Yes No
- 11.4 Is there a documented process to identify the root cause of nonconformities? Yes No
- 11.5 Does the process/report identify the plan to eliminate the Root cause from repeating (in same or similar process)? Yes No
- 11.6 Is there evidence that the corrective action plan was verified for effectiveness and completeness before closing? Yes No

12. INTERNAL QUALITY AUDITS

(Check this box if you do not perform Internal Audits, otherwise answer the following questions)

- 12.1 Is there a documented process for planning and implementing internal quality audits? Yes No
- 12.2 Are the audits conducted on a scheduled time basis? Yes No
- 12.3 Are the audits conducted by independent/impartial personnel? Yes No
- 12.4 If there were deficiencies in the area being audited, was corrective action issued and a follow-up audit performed? Yes No
- 12.5 Are the audit results reported in Management Review and discussed with personnel having responsibility for the specific function? Yes No

13. CALIBRATION

(Check this box if you do not have a Calibration System, otherwise answer the following questions)

- 13.1 Are the requirements of ISO/IEC 17025, ANSI/NCSL Z540.3 or ISO10012 followed? Yes No
- 13.2 Is there a copy of the latest revision of ISO/IEC 17025, ANSI/NCSL Z540.3 or ISO10012 available as applicable? Yes No
- 13.3 Is calibration of test & measurement equipment maintained with standards accuracy traceable to N. I.S.T? Yes No
- 13.4 Is there evidence of comparison of reference standards to national standards at planned intervals? Yes No
- 13.5 Is there sufficient availability of necessary calibration equipment, both mechanical and electrical? Yes No
- 13.6 Is experience and skill of calibration personnel adequate to the requirements? Yes No
- 13.7 Are there adequate measurement standards for calibration of test and measuring equipment for capabilities of Accuracy - Stability - Range - Sensitivity Yes No



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- 13.8 Are written procedures used for calibration? Yes No
- 13.9 Are records and information available when required by Customer/Government? Yes No
- 13.10 Are there individual records for calibrated items with date, result and accuracy of calibration and calibration due date? Yes No
- 13.11 Are environmental conditions controlled to assure continued accurate measurement? (i.e. temperature, humidity, cleanliness, vibration) Yes No
- 13.12 Is there a periodic audit of the calibration in order to insure its continuing effective implementation and compliance with the requirements? Yes No
- 13.13 Is there a system (color code, labeling, numbering) to indicate the date and due date of calibration? Yes No
- 13.14 Certifications
Is there a method provided to verify date, accuracy and condition under which the calibration results were obtained? Yes No
- 13.15 If calibration and test equipment is subcontracted, is the Laboratory Certified by an accredited organization?

Name(s) of Calibration Lab used

Comments from Supplier