Precision CNC Machining

Supplier Quality Survey

Dear Valued Supplier,

As part of Intellicut Inc. Approved Supplier Register maintenance, Suppliers are required to complete this Supplier Quality Survey for initial approval and periodic audits going forward. This evaluation allows Intellicut Inc. to determine a supplier's scope of service and assists us in determining where we can best utilize these services.

Please complete the survey as thoroughly as possible and return it along with a current copy of your Quality System and / or Special Process Registration / Certificate, such as ISO 9001, AS9100, Nadcap, etc., that your company has achieved. Please feel free to include any other documentation that you feel is applicable.

Please return all surveys and certifications to:

Email: <u>armen@intellicutinc.com</u> Mail: Intellicut Inc.

Phone: 617-417-5236

Website: www.intellicutinc.com

Attn: Armenak Chavushyan 2 Debush Ave., Unit A8 Middleton, MA 01949

Thank you for your time and assistance.

About your company:

Date:					
Supplier Name:	Phone:		Fax:		
Address:	City & State	e:	I	Zip:	
Primary Contact:		Email:			
Quality Manager:		Email:			
Size of facility (Sq ft):					
Please describe the type of business you ha	ave:				

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1. Do you understand Intellicut Inc. Supplier Quality Requirements (ASQR)? Y \(\subseteq \text{N} \) \(\subseteq \text{If you have not already done so, please read the ASQR before answering this question.} \) If the answer is no, please explain what you do not understand:					
2. Is your Quality Management System certified by an accredited certification body in accordance with ISO 9001:2008, AS9100 or an equivalent third-party certification? Y N N/A N/A N/A N/A N/A N/A N/A N/A N/A N					
Skip to Item # 6. If not, is there a plan for 3 rd party certification? Y \(\sum \mathbb{N} \sum \mathbb{N} \sum \mathbb{N} \sum \mathbb{N} \) If Yes, planned certification date: Please explain:					
3. Is there an Organizational Chart? Y \(\sum \) N \(\sum \) N/A \(\sum \) If Yes, please forward a copy. Is there someone in Senior Management to resolve quality related issues? Y \(\sum \) N/A \(\sum \) If Yes, please list Name and Title:					
4. Do you maintain a calibration system in accordance with any of the following specifications? Y N N N/A Please specify (MIL-STD-45662, ISO-10012-1, ANSI/NCSL Z540-1-1994, etc.) What system do you have?					
5. Do you use product / process control throughout your operation? Y N N/A This ensures personnel and processes are qualified and controlled, non-conformities are identified, and preventive and corrective actions are taken. Please explain:					
Do you have training records? Y \(\subseteq N \subseteq N/A \subseteq Do you have process routers? Y \subseteq N \subseteq N/A \subseteq Do you have a documented nonconforming process? Y \(\subseteq N \subseteq N/A \subseteq Do you have a documented corrective and preventive action process? Y \subseteq N \subseteq N/A \subseteq					

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6. What method of nonconforming containment and customer notification process do you use? Material Review Board process, Customer Deviation Notification process, etc. Please explain:
7. How do you control preservation of product? Identification, Handling, Packaging, Storage, and Protection of product during process and shipping. Please explain:
8. What methods do you use to monitor your processes and drive continuous improvements? Please provide examples of how you apply these concepts throughout your processes, including sustainability processes. Examples:
9. Are inspections and testing instructions clearly defined? Y \(\subseteq \text{N} \subseteq \) Are inspections and testing records of Intellicut Inc. kept / retained? Y \(\subseteq \text{N} \subseteq \) If Yes, how long?
Authorized official answering this questionnaire:
Name:
Title:
Signature:

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Comments/Questions									
	Intellicut Inc. Use Only								
Approved: Yes	No Action Rec	quired: Yes No (Do	cument below in Comments)						
Approved. 1es	NO ACTION NEC	quired. Tes NO (Do	cument below in comments)						
Risks Level Identified Pi	ick the Risk Level								
	Approved by:	Title:	Date approved:						
Purchasing									
Purchasing									
Quality									
Comments:									
Comments.									