



# Vendor Approval Application

Company Name \_\_\_\_\_

Doing Business As (DBA) \_\_\_\_\_

Remit To Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### Contact Name:

### Email Address:

Owner: \_\_\_\_\_

President/CEO \_\_\_\_\_

GM/Plant Manager \_\_\_\_\_

Quality Manager \_\_\_\_\_

Customer Service \_\_\_\_\_

Sales \_\_\_\_\_

|  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you have a quality management system that is a nationally recognized standard?<br>If yes, include a copy of your Certificate of Registration and skip the remainder of this application. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to implement a certified quality management system?<br>If yes, then indicate a planned implementation date:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your organization identify and control outsourced processes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your organization have documented and measurable objectives?<br>If yes, then include a copy of the objectives.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are internal processes and the sequence and interaction of those processes identified?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do your current internal processes include any documented instructions?<br>If yes, then include a list of the documented instructions.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you maintain records that indicate product or service conformity?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has top management defined responsibilities and authorities within your organization?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does top management periodically review customer feedback?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does top management periodically review product and service conformity?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are source requirements determined and periodically reviewed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are employees evaluated against defined requirements for competency?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your organization plan the process needed for product realization?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does your organization review customer requirements prior to the ordering process?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 15. Do you plan and control the design and developments of products?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does your organization evaluate and select suppliers based on their ability to supply products per your requirements?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does your organization ensure purchased products conform to specified requirements?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Does your organization periodically evaluate supplier performance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does your organization plan and carry out production or service requirements under controlled conditions?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does your organization identify products and product status with respect to requirements?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does your organization exercise care with customer owned property?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does your organization maintain records for lost, stolen, damaged or unusable customer owned property.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Are monitoring and measuring devices used to determine the conformity of products?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Are monitoring and measuring devices periodically evaluated to ensure their ability to provide accurate results?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does your organization measure product characteristics to verify that the product requirements are met?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does your organization identify and control nonconforming products to prevent its unintended user or delivery?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. When nonconforming product is detected, does your organization take action to identify the root cause and prevent its recurrence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does your organization evaluate data relating to characteristics and trends of processes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are you a minority owned business?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are you a manufacturing, materials, products or service company that is considered a small and/or diverse firm?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Completed By \_\_\_\_\_

Date Completed \_\_\_\_\_

Please include any comments you feel would be beneficial in our evaluation of your organization.

**INTERNAL USE ONLY**

# of Applicable Questions \_\_\_\_\_ Supplier Status \_\_\_\_\_

# of YES \_\_\_\_\_ Reviewed By \_\_\_\_\_

QMS Rating \_\_\_\_\_ Review Date \_\_\_\_\_

