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 _____   _____

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

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

Completed By _____

Date Completed _____

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

_____