

Certified Manufacturing

Vendor Survey

F-840-005-B REV 06/30/2017

Company Name: _____ Date: _____

Manufacturing Address: _____ Phone: _____

_____ Fax: _____

CAGE Code: _____

Primary Service Provided: _____

Quality Manager Name & Phone: _____

Email Contact Information _____

Signature of Authorized Representative: _____

Date: _____

Total Number of Production Employees: _____

Total Number of QA Personnel: _____

Type of Work Performed:

Commercial _____ %

Military/Government _____ %

Business Classification:

Small Business ____

Disadvantaged ____

Woman-Owned ____

Veteran-Owned ____

HUB Zone ____

HBCU/MI ____

Parent Company (if applicable) Name:
Address:

- FOR CMI USE ONLY -

Vendor Approved Yes No

CMI Quality Manager

Reason for approval: _____

Provide AS9100 or ISO certifications. If the company is certified to either of these standards, filling in the information below is not required.

CERTIFIED MANUFACTURING
COMPANY PROPRIETARY

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Management/Organization	Yes	No
A. Has management, in writing, defined its policy, objectives, and commitment to quality?		
B. Has management, in writing, developed organizational responsibilities and authority for personnel who manage, perform and verify work affecting quality?		
C. Please attach a copy of your organizational chart to this survey, if you have one.		

Quality System	Yes	No
A. Do you have a Quality Manual?		
B. To what specification does your Quality System Conform?		
AS9100		
ISO 9001		
ISO 9002		
MIL-Q-9858		
MIL-Q-45208		
NOTE: Please provide a copy of Certificate of Registration, if applicable.		

Procurement Control	Yes	No
A. Does QA review purchase orders for quality requirements before release?		
B. Do you establish and maintain an Approved Supplier List?		

Inspection and Test	Yes	No
A. Do you maintain written inspection instructions?		
B. Do you maintain written inspection procedures?		
C. Do you perform receiving inspection?		
D. Do you perform in-process inspections?		
E. Do you perform final inspections?		
F. Do you perform sampling inspection? If so, what method?		
ANSI/ASQC Z1.4-1993		
MIL-STD-105		
MIL-STD-414		
G. Do you maintain written test procedures?		
H. Do you maintain and make available for customer review, records of all inspections and tests?		

Process Control	Yes	No
A. Do you maintain written Work Instruction?		
B. Do you use travelers, routers, etc.		
C. Do you have a Drawing/Specification Release and Change Control System?		

Control of Customer Supplied Product	Yes	No

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A. Do you have established documented procedures for the verification, storage, and maintenance of customer supplied material, supplies, and/or equipment?		
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Product Identification and Traceability	Yes	No
A. Do you control raw materials to assure conformance to specification and/or contract requirements?		

Non-Conforming Material Control	Yes	No
A. Do you maintain an effective Corrective Action Program?		
B. Do you have an active Material Review Board?		
C. Do you prevent the use of Non-Conforming material?		
D. Do you have repair/rework procedures?		

Internal Quality Audits	Yes	No
A. Do you perform periodic audits of your quality system?		

Miscellaneous	Yes	No
A. If you manufacture printed wiring boards, do you comply with MIL-P-55110?		
B. Please list three major contractors for whom you are an approved source:		
NAME: ADDRESS:		

Calibration	Yes	No
A. Do you perform calibration and maintenance of inspection, measuring, and test equipment?		
B. Do you have procedures established for use of that equipment?		
C. Do you continuously control these devices to prevent usage when they become inaccurate, and to correct, repair, or replace them?		
D. Are the required certified measurement standards available and used?		
E. Are these certified standards traceable to the National Institute of Standards and Technology (NIST)?		
F. Is all tooling which is used as inspection equipment tested for accuracy prior to use?		
G. With which specification(s) does your calibration system comply?		
	ISO 10012-1	
	ANSI/NCSL Z540-1	
	MIL-STD-45662A	