**VENDOR QUALITY SURVEY**

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| --- | --- | --- | --- | --- |
| ORGANIZATION INFORMATION | | | | |
| ORGANIZATION NAME |  | | DBA (if applicable) |  |
| FULL ADDRESS  (Including country) |  | | | |
| PHONE |  | FAX | |  |
| EMAIL |  | BUSINESS START DATE | | Choose an item. |
| WEBSITE |  | BUSINESS TYPE | |  |
| CAGE CODE |  | TAX ID/EIN | |  |
| STANDARD LEAD TIME |  | NAICS/SIC CODE(S) | |  |
| PO MIN |  | PAYMENT TERMS  Int’l Vendors: Net Terms or Escrow only | |  |
| RFQ/PO CONTACT NAME |  | AR CONTACT NAME | |  |
| **RFQ/PO CONTACT EMAIL** |  | **AR CONTACT EMAIL** | |  |
| **RFQ/PO CONTACT PHONE** |  | **AR CONTACT PHONE** | |  |
| IF AUTHORIZED DISTRIBUTOR – PLEASE LIST MANUFACTURERS |  | | | |
| WOULD YOU LIKE TO BE ADDED TO OUR VENDOR BLAST? | | | |  |
| QUALITY SYSTEMS | | | | |
| QUALITY MANAGEMENT CONTACT NAME |  | PHONE | |  |
| EMAIL | |  |
| DOCUMENTED QUALITY MANAGEMENT SYSTEM  (i.e. QUALITY MANUAL) | YES  NO  IN PROCESS | IF IN PROCESS  DATE OF EXPECTED COMPLETION | |  |
| IF CERTIFIED, COMPLETE TABLE BELOW FOR ALL CERTIFICATIONS HELD  (\*MUST PROVIDE COPY OF CERTIFICATION(S)) | | |

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| --- | --- | --- | --- |
| CERTIFICATION | REGISTRAR | CERTIFICATE # | EXPIRATION |
|  |  |  |  |
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| QUALITY PROCESSES | | | |
| 1. Is there a contract review process; to include key characteristics, quality requirements, shipping, terms, & flowdown requirements? |  | 5. Do you monitor the performance of your suppliers to include quality of parts? |  |
| 1. Is there a process to control order changes? |  | 6. Do you maintain a FOD free, climate-controlled environment? |  |
| 1. Do you flowdown requirements, including customer and/or government requirements to your suppliers, if required? |  | 7. Is product traced by date code/lot #(s) to ensure recall if a nonconformance is found? |  |
| 1. Do you have an approved Vendor list? Is criteria for approval defined? |  | 8. Is there a Corrective Action Process? |  |
| 1. Describe your process for handling ESD sensitive devices? Do you package to MSL level? |  | 9. Is there a final inspection to ensure all customer PO requirements are met? |  |

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| COUNTERFEIT MITIGATION | | | | | | | | |
| 10. Please check equipment/test performed during your standard inspection process, as applicable. | Microscope | Caliper | Decapsulation | XRF/RoHS | Electrical | Xray | Solderability | Solvent Test |
| Other: |  | | | | | | |
| 11. Is there a documented counterfeit mitigation plan or inspection procedure? |  | | | | | | | |
| 12. Are records kept of the results of these inspections? How long are these records kept? |  | | | | | | | |
| 13. Are you AS6081/AS5553 certified? |  | | | | | | | |
| 14. What type of controls are in place to prevent the shipment of non-conforming, suspect, fraudulent, or counterfeit parts? Are these parts segregated from conforming parts? |  | | | | | | | |
| 15. Are you a member of (select 1 or more if apply) | IDEA | | ERAI | | GIDEP | | SMTA | |

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| By my signature below I certify the information contained in this survey is true and accurate to the best of my knowledge.  I agree to notify Direct Components if any of the information contained on this form should change. | | | | | | |
|  |  |  |  |  |  |  |
| NAME PRINTED |  | TITLE |  | DATE |  | SIGNATURE |

**\*\*\*\*Please return this survey within 10 days to** [**purchasing@directics.com**](mailto:purchasing@directics.com) **along with copies of any certifications. \*\*\*\***