**VENDOR QUALITY SURVEY - SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANIZATION INFORMATION** | | | |
| ORGANIZATION NAME |  | DBA (if applicable) |  |
| FULL ADDRESS  (Including country) |  | | |
| PHONE |  | FAX |  |
| EMAIL |  | BUSINESS START DATE |  |
| WEBSITE |  | BUSINESS TYPE |  |
| CAGE CODE |  | TAX ID/EIN |  |
| STANDARD LEAD TIME |  | NAICS/SIC |  |
| 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** |  |
| **SCOPE OF SERVICES**  **(ATTACH CAPABILITIES)** |  | | |
| **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)) | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CERTIFICATION** | **REGISTRAR** | **CERTIFICATE #** | **EXPIRATION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **QUALITY PROCESSES** | | | |
| 1. Is there a contract review process; to include key characteristics, quality requirements, shipping, terms? |  | 1. How is calibration current, scheduled, and documented? |  |
| 1. Is there a process to control order changes? |  | 1. What is the process if a piece of equipment is past its calibration date or is found to be out of calibration? |  |
| 1. Are you using an industry standard for testing or repair? ((i.e. IDEA STD 1010-B) If yes, what standard? |  | 1. Do you ensure ESD sensitive product is protected and packaged per ESD Standard? |  |
| 1. If testing product, do you use a sampling plan? If so, which one? |  | 1. Do you ensure a FOD FREE environment? |  |
| 1. Are measuring and test equipment used that require calibration? |  | 1. How is service verified that it meets requirements of the customer? |  |

|  |  |
| --- | --- |
| **COUNTERFEIT MITIGATION** | |
| 1. Is there a documented counterfeit mitigation plan or inspection procedure? |  |
| 1. How are personnel trained to identify suspect counterfeit product? |  |
| 1. Are records kept of the results of inspections? How long are these records kept? |  |
| 1. Do you have testing capabilities to AS5553/ AS6081/ or AS6171 on site, if required? Are you certified to test to any of these standards? |  |
| 1. What type of controls are in place to prevent the shipment of non-conforming parts? Are these parts segregated from conforming parts? |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. \*\*\*\***