

SUPPLIER EVALUATION FORM

Supplier's Name and Address:

Email: _____

Supplier Type:

a. Basic operation of your organization:
 Manufacturer Distributor Service

b. Products or Services provided:

A. Supplier quality documentation

1. Can you supply PPAP documentation (minimum Level 2) for the parts you supply? Yes or No
2. Can you supply IMDS information for your products? Yes or No
3. Can you provide Tariff Codes? Yes or No and Country of Origin? Yes or No
4. Will you permit us to audit your shop's quality management system at a mutually acceptable time? Yes or N

B. Please list if registered to any internationally recognized ISO quality standard(s)*:

Standard(s): _____

Certificate Expiration Date: _____

*Please forward a copy of certificate to Chief.

C. If you do not have a formal, documented quality system please answer the following:

1. How do you ensure you clearly understand what we order?

2. How do you ensure that your products /services will meet our quality requirements?

5. How do you ensure products you reject do not accidentally get shipped to us?

6. Do you have a corrective action process for significant or recurring problems? How will it be responded to?

| Completed By (Print Full Name and Sign) | Title | Date |
|---|-------|------|
| | | |