

**Supplier Evaluation**

Supplier Number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supplier Name: | |  | | | | | | Date: |  |
| Address: | |  | | | | | | | |
| Phone: |  | | Fax: | |  | Email: |  | | |
| Supplier Quality Representative: | | | |  | | | | | |
| **\*Third Party Certifications Held, e.g. ISO 9001:** | | | |  | | | | | |

**\*Please submit a copy of your certification(s) and complete #1-4. If no quality certifications, please complete #1- 18.**

1. Supplier Type:  
    Manufacturer  Distributer  Service  Calibration  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Number of years in business? \_\_\_\_ 3. Number of employees? \_\_\_\_\_ 4. Number of Inspectors? \_\_\_\_\_\_

**Yes No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. | Does your company have a Quality Manual approved by management? |  |  |  |
| 6. | Do you have a documented system for evaluating customer orders before accepting them? |  |  |  |
| 7. | Do you have a documented system for managing product design projects? |  |  |  |
| 8. | Do you have methods for managing internal and external documentation and specifications? |  |  |  |
| 9. | Do you have a documented system purchasing critical materials and services from qualified suppliers? |  |  |  |
| 10. | Do you have a documented system for auditing the effectiveness of your quality system? |  |  |  |
| 11. | Do you have a documented system for the control of nonconforming product? |  |  |  |
| 12. | Do you have a documented system for being accountable for material which is provided by the customer? |  |  |  |
| 13. | Do you have a documented system for managing and controlling production or service processes? |  |  |  |
| 14. | Do you have a documented system for performing corrective actions and risk analysis? |  |  |  |
| 15. | Do you have a documented for identifying product and traceability to product data? |  |  |  |
| 16. | Do you have a system for periodic calibration of inspection and measuring equipment? |  |  |  |
| 17. | Do you have a system for identifying the inspection status of product |  |  |  |
| 18. | Is your top management committed to the continual improvement of your quality system? |  |  |  |

|  |  |  |
| --- | --- | --- |
| Comments: | | |
| Survey completed by: | Date: |  |

**This section to be completed by Beyond Vision**

**Yes No**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reviewed by: |  | | Date: |  | Approved? |  |  |
| Reason not approved: | |  | | | | | | |