

SUPPLIER EVALUATION SURVEY (Quality System)

All information will remain confidential and assist PGC in the evaluation and selection of suppliers.

Supplier Name: _____	Date: _____
Address: _____	Phone: _____
City, State: _____	E-mail: _____
Zip Code: _____	Fax: _____
Supplier Contact: _____	Title: _____

Is your Quality Management System certified to a recognized standard (i.e. ISO/QS 9000)?

If yes, submit a copy of your current certificate and quality manual in lieu of completing this survey.

If no, complete the questions below and return along with a copy of your quality manual, if applicable.

(Yes/No): _____ Certificate No.: _____ Expiration Date: _____

	Yes	No	N/A
1 Management Responsibility			
1.1 Has your management documented and communicated a quality policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Are your quality objectives stated in measurable terms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Are responsibilities defined for your quality personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Do your quality personnel have authority to carry out their responsibilities for quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Does your management periodically review and evaluate the quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Quality System			
2.1 Are there formal policies, procedures, and work instructions defining your quality-related operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Contract Review			
3.1 Does your company have formal procedures for contract review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Design Control			
4.1 Are your product design employees aware of their responsibilities for achieving quality requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Do your designers validate whether process/product quality requirements are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLIER EVALUATION SURVEY

	Yes	No	N/A
5 Document Control			
5.1 Does your company have a documented procedure that defines how documents are controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Does your company define controls for document approval prior to use and for document revisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Does your company define controls for external documents and for preventing unintended use of obsolete documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Purchasing			
6.1 Does your company have formal procedures to assure that products you purchase conform to specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Does your company have a formal system for selecting and evaluating your suppliers? If yes, please list evaluation criteria used _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Does your company monitor your suppliers' performance and re-evaluate them on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Do you perform a source inspection of your suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Customer Supplied Product			
7.1 Does your company identify, verify, protect, and safeguard PGC-supplied material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Does your company control PGC-supplied material and report nonconformities, lost or damaged material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Product Identification and Tractability			
8.1 Does your company identify product throughout all stages of production and delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Does your company maintain tractability of materials and product, and maintain records of the unique identification of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Process Control			
9.1 Does your company identify and plan production processes that affect quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 Are work instructions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Does your company identify, monitor, and control process variables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPPLIER EVALUATION SURVEY

10 Inspection and Testing	Yes	No	N/A
10.1 Does your company ensure that incoming material conforms to specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2 Does your company inspect, test, and identify the product at the appropriate stages of production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3 Does your company identify inspection and test status and maintain this identification throughout production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4 Does your company perform final inspection and test according to documented procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.5 Are inspection records maintained and do they indicate the person(s) authorizing release of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Inspection, Measuring, and Test Equipment	Yes	No	N/A
11.1 Does your company have procedures for in-house calibration of measuring tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2 Is the inspection, measuring, and test equipment appropriate for the measurements taken by your company, and are they capable of the required accuracy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3 Are your employees aware of the calibration status of the measuring tools they use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4 Does your company assess previous test results when equipment is found to be out of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Control of Nonconforming Product	Yes	No	N/A
12.1 Does your company identify nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.2 Does your company review nonconforming products in accordance with documented procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3 Does your company notify PGC if they inadvertently ship nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Corrective and Preventive Action	Yes	No	N/A
13.1 Does your company have a documented corrective action process that includes root cause analysis and action to prevent recurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2 Does your company request corrective action when your suppliers do not meet established requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SUPPLIER EVALUATION SURVEY

14 Handling, Storage, Packaging, and Delivery **Yes No N/A**

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 14.1 Does your company have formal procedures that describe the handling, storage, packaging, and delivery of product? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14.2 Are packaging materials and methods used by your company adequate to preserve product quality? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15 Quality Records **Yes No N/A**

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 15.1 Does your company use quality records to report performance trends to management? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15.2 Does your company have documented record retention periods for quality-related documents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, please list retention period for quality records _____
- _____
- _____

16 Internal Quality Audits **Yes No N/A**

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 16.1 Does your company have a documented procedure for conducting internal audits using trained personnel to determine the effectiveness of the quality system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16.2 Does your company have an effective system for timely corrective action regarding audit findings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17 Training **Yes No N/A**

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 17.1 Does your company have a procedure for identifying training needs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17.2 Are employees' training records maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18 Customer Service and Satisfaction **Yes No N/A**

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 18.1 Does your company collect, assess, and analyze data pertinent to the level of customer service or satisfaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

19 Statistical Techniques **Yes No N/A**

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 19.1 Does your company use statistical techniques to verify process capability and product characteristics? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19.2 Does your company use results from statistical techniques for continuous improvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



20 Additional comments and/or suggestions.

Thank you for completing the Philadelphia Gear Supplier Evaluation Survey.