



## DISTRIBUTOR SUPPLIER ASSESSMENT QUESTIONNAIRE

**Supplier Name:**

**Date:**

	COMPANY DATA
Name and Title of the person completing the assessment:	
Business address:	
Business phone number:	
Business fax number:	
Business email:	
Company President:	
Head of Quality:	
Number of employees:	
Primary product you are selling to Flexfab:	
List the part numbers (attached a list if necessary):	
Name of the manufacturers that you represent:	
Are you third party registered to ISO9001, TS16949 or AS9100? If yes, enclose a copy of your certificate and you don't need to answer the questions below.	

	TS ELEMENT	REQUIREMENT	Y	N	N/A	COMMENTS
1	7.2.2 Contract Review	Are contracts (purchase orders) reviewed and records kept on the reviews?				
2	7.4.2 Purchasing Information	Does the P.O. adequately describe the material to be purchased?				
3	7.4.3 Verification of Purchased Materials	Are purchased materials inspected and tested to the extent necessary to ensure materials received meet specification requirements?				
4	7.5.3 Material Identification	Are materials properly identified and status clearly identified?				
5	7.6 Control of Inspection, Measuring & Test Equipment	Is there a calibration system in place that ensure that inspection and measuring equipment is accurate and traceable to NIST?				
6	7.5.3.1 Identification and Traceability	Are materials identified and traceability maintained, when required.				

7	8.3 Nonconforming Material	Is nonconforming material segregated and handled in such a way that it is prevented from use, reviewed and dispositioned by qualified personnel?				
8	8.5.2 Corrective Action	Is a corrective action system in place to eliminate the causes of nonconformities in order to prevent recurrence?				

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SUPPLIER REPRESENTATIVE SIGNATURE:

DATE:

For Flexfab Use Only

DATE RECEIVED: \_\_\_\_\_

QUALITY APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

PURCHASING APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: