



CREATIVE COMPOSITES, INC.
7637 US Hwy 2
RAPID RIVER, 49878

SUPPLIER QUALITY SYSTEM SURVEY QUESTIONNAIRE

This questionnaire assesses the operational nature of your quality system. It is not intended to infer the quality assurance requirements to be imposed by Creative Composites. Please answer all applicable questions. If additional space is needed to provide clarifying information, attach sheets to this document.

A. GENERAL INFORMATION

Date _____

1. Company Name: _____

2. Address: _____

Web Site: _____

3. Telephone Number: _____ Email: _____

4. Federal TAX ID: _____

5. Products/Services: _____

6. Business Type:

Manufacturer _____ Services _____ Distributor _____

7. Business Class: Check all that apply.

Large: ___ Small: ___ Women Owned: ___ Small Disadvantaged: ___

HUB Zone: ___ HBCU/MI: ___ Veteran Owned: ___ Service Disabled Veteran Owned: ___

8. Company President: _____

9. Quality Manager: _____

10. Quality Manager Reports To: _____

11. Number of Employees: _____

Engineering _____ Production _____

Quality _____ All Other _____

12. Facilities:

Number of buildings: _____ Total Sq. Ft. _____
(This Location) (This Location)



B. QUALITY SYSTEM AND PROCEDURES				
		YES	NO	N/A
1	Are written QA procedures and/or manual available, maintained and periodically updated? If Yes, please provide a copy of your Quality Manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the Quality System registered to a known standard (ISO 9000, AS9100) If yes, please provide a copy of the third party registration certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the Quality System compliant to a know quality standard? Please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the quality system been audited and approved by any other company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Company #1:			
	Company #2:			
	Company #3:			
5	Are Continuous Improvement tools utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lean Manufacturing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Six Sigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. PROCUREMENT CONTROL				
		YES	NO	N/A
1	Do you maintain an approved supplier list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are there procedures in place to evaluate and rate supplier performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	How frequently are supplier performance evaluated:			
2	Is the QA organization involved in the qualification of sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Does QA review procurement purchase orders for quality provisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. RECEIVING INSPECTION / TESTING				
		YES	NO	N/A
1	Are receiving inspections performed on incoming materials and components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are inspection procedures and acceptance criteria provided for each purchase order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are sampling plans used in receiving inspections? Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are receiving inspection records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. FABRICATION CONTROLS AND FINAL INSPECTION / TEST				
		YES	NO	N/A
1	Are inspection/test requirements and methods, acceptance criteria and acceptance status described and controlled through procedures and shop travelers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Please list inspection and measuring equipment available:			
3	Are inspections / test point verifications done by controlled stamps, tags, decals, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are in-process and final inspection records maintained for future reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are SPC or other Statistical Methods used to control production variation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are production processes and inspection procedures audited regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are limited life materials identified, controlled and stored under acceptable environmental conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are manufacturing facilities, internal procedures and specifications accessible to Creative Composites for auditing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



F. CALIBRATION AND CONTROL OF INSPECTION AND TEST EQUIPMENT				
		YES	NO	N/A
1	Are there procedures in place for the proper identification, calibration and control of measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are measurement standards calibrated and traceable to N.I.S.T. or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are there established calibration intervals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are calibrated instruments permanently identified with a unique number, and tagged or identified with its calibration status and calibration due date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are rejected, damaged or out-of- calibration devices identified and segregated to prevent use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are calibration records maintained on each device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If measuring and test equipment is calibrated "In -House", are calibration facilities controlled to ensure a proper calibration environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the validity of previous measurements assessed when measuring and test equipment is found out of calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. SPECIAL PROCESSES AND TEST METHODS				
		YES	NO	N/A
1	Are there any metallurgical, chemical, physical or material test methods which require unique controls and / or special training? Examples include welding, heat treating, plating, x-ray, ultrasonic, dye penetrant, magnetic particle inspections, physical testing, chemical analysis, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does a program for training and certifying personnel performing these functions exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. NONCONFORMING MATERIALS				
		YES	NO	N/A
1	Are procedures in effect to detect and document nonconformances to contract provisions and inspection or test requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are nonconforming materials identified and segregated to prevent unintended use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there a documented disposition, cause and corrective action for each event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are scrapped materials controlled, identified or disposed of to prevent use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Is there an effective system for verification and documentation of corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DRAWING / SPECIFICATION CONTROL				
		YES	NO	N/A
1	Does a change control system for internal procedures, specifications and drawings exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Do initiations and changes to documents require QA involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are current drawings and specifications available at the time and place of fabrication, inspection and testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are drawings and specification revisions designated on the inspection, test and process control documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are effectivities established on each document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. PACKING AND SHIPPING				
		YES	NO	N/A
1	Are written instructions provided for preservation, packaging, marking and shipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does QA verify conformance to contract requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. SUMMARY				
		YES	NO	N/A
1	Do QA operations provide a system assuring all materials and services submitted for acceptance conform to contract requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are QA policies and practices documented and available for review by Creative Composites prior to and during contract execution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Will changes to these policies affecting contract requirements of current and future contracts be submitted to Creative Composites for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Person Completing the Survey:				
Title:				



Date:	
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For Creative Composites, Inc Internal Use Only.

L. VENDOR ASSESSMENT		YES	NO	N/A
1	Are the vendor's capabilities sufficient to be included as an approved vendor by Creative Composites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is an On-Site visit by Creative Composites (Circle all applicable): QA, Engineering, Program Management or Purchasing Necessary to confirm/verify vendor's capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Person Completing Assessment:				
Title:				
Date:				
Comments:				