NOVOMODO MACHINING

F-06 Supplier Assessment

SUPPLIER IDENTIFICATION

COMPANY NAME	DATE

PHYSICAL ADDRESS

OFFICE ADDRESS (IF DIFFERENT THAN ABOVE)

PHONE NUMBER	FAX NUMBER	# YEARS IN OPERATION

TYPE OF ENTITY:

Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation ☐

TYPE OF PRODUCTS/SERVICES PROVIDED:

CONTACT INFORMATION

MAIN CONTACTS

PRESIDENT:	QA MANAGER:	PRODUCTION MGR:	PURCHASING MGR:
PHONE EXTENSION:	PHONE EXTENSION:	PHONE EXTENSION:	PHONE EXTENSION:

CUSTOMER REFERENCES

NAME OF COMPANY	LOCATION	CONTACT	PHONE #

PRODUCTION

STANDARD LEAD TIME: _____ _____ _____

NUMBER OF SHIFTS OF PRODUCTION:	REGULAR PARCEL PICKUP SCHEDULE? YES ☐ NO ☐
WEEKEND AND EXPEDITE SERVICES AVAILABLE? YES ☐ NO ☐	DELIVERY BY COMPANY TRUCK? YES ☐ NO ☐

DO YOU HAVE INTERNAL PROCESS / PRODUCTION PLANNING CONTROL SYSTEMS IN PLACE TO CONFIRM COMMONALITY TO CUSTOMERS' REQUEST AND ACTUAL PRODUCTION? YES ☐ NO ☐

DO YOU HAVE PRODUCTION IN PROCESS FLOW PROGRAM TO TRACK PROCESS FLOW THROUGH THE FACILITY? YES ☐ NO ☐

IN THE EVENT THAT PRODUCT PROCESS OR REQUIREMENTS CHANGE WHILE PRODUCT IS IN PROCESS, ARE THERE PROCEDURES TO CONFIRM CHANGES EFFECTED? YES ☐ NO ☐

PURCHASING / MATERIALS CONTROL

DO YOU CONDUCT PERIODIC DOCUMENTED SUPPLIER EVALUATIONS?

YES ☐ NO ☐

IS PRODUCT IDENTIFIED AND CONTROLLED AT ALL STAGES OF PRODUCTION FROM ORDER PLACEMENT THROUGH DELIVERY AND PRODUCTION?

YES ☐ NO ☐

IS INDIVIDUAL PART TRACEABILITY MAINTAINED AND DOCUMENTED?

YES ☐ NO ☐

DO DOCUMENTED PROCEDURES EXIST FOR THE CONTROL OF RECEIPT VERIFICATION, STORAGE, AND MAINTENANCE OF CUSTOMER SUPPLIED MATERIALS?

YES ☐ NO ☐

QUALITY SYSTEM

DOES YOUR COMPANY HAVE A QUALITY MANUAL?

YES ☐ NO ☐

DOES YOUR COMPANY PARTICIPATE IN AN OFFSITE THIRD PARTY REGISTERED QUALITY SYSTEM?

YES ☐ NO ☐

If yes, please select:

ISO9001 ☐ QS9000 ☐ AS9100 ☐ SIX SIGMA ☐

OTHER ☐ Please specify:

ARE QUALITY RECORDS AVAILABLE FOR REVIEW BY OUR COMPANY PERSONNEL IF NECESSARY TO SUPPORT THIS AND/OR FUTURE PURCHASES?

YES ☐ NO ☐

CAN YOU SUPPORT AN ONSITE REVIEW OF YOUR QUALITY PROCEDURES AND PROCESSES BY OUR COMPANY?

YES ☐ NO ☐

DO YOU MAINTAIN ADEQUATE AND COMPLETE RECORDS OF WORK INSTRUCTIONS AND REQUIRED IN TIONS (AND THEIR RESULTS) OF WORK PERFORMED BY YOUR ORGANIZATION AND INCLUDING ANY OFFSITE CESSES AND PROCEDURES PERFORMED?

YES ☐ NO ☐

HOW? (DESCRIBE PROCEDURE)

_____

_____

ARE THERE MONITORING, MEASUREMENT, ANALYSIS, AND IMPROVEMENT PROCESSES PLANNED AND IMPLEMENTED?

YES ☐ NO ☐

ARE STATISTICAL INSPECTION TECHNIQUES USED, AND ARE THEY DEFINED AND RECORDED?

YES ☐ NO ☐

IDENTIFY TYPE/METHOD USED:

ARE THERE INTERNAL AUDITS PERFORMED AT PLANNED INTERVALS?

YES ☐ NO ☐

IS THERE A PROCEDURE THAT DEFINES RESPONSIBILITIES AND REQUIREMENTS FOR AUDITS, AUDIT REPORT OUTS, AND RECORD MAINTENANCE?

YES ☐ NO ☐

HAS A DOCUMENTED PROCEDURE BEEN ESTABLISHED TO DEFINE CONTROLS, RESPONSIBILITIES AND AUTHORITIES FOR DEALING WITH NONCONFORMING PRODUCT AND THE NECESSARY RECOR

YES ☐ NO ☐

IS NONCONFORMING PRODUCT IDENTIFIED AND CONTROLLED (QUARANTINED) TO PREVENT UNINTENTIONAL USE OR DELIVERY?

YES ☐ NO ☐

WHEN NONCONFORMING PRODUCT IS DETECTED AFTER DELIVERY, OR USE HAS STARTED, IS THERE A PROCEDURE FOR APPROPRIATE ACTION TO BE PERFORMED?

YES ☐ NO ☐

DO YOU HAVE PROCEDURES IN PLACE TO IDENTIFY, CONTROL, AND TRACK COUNTERFEIT PRODUCT?

YES ☐ NO ☐

IS COUNTERFEIT PRODUCT CONSIDERED NON-CONFORMING? YES ☐ NO ☐

ARE CORRECTIVE ACTIONS TAKEN TO ELIMINATE THE CAUSE OF THE NONCONFORMITIES AND PREVENT FUTURE OCCURRENCES? YES ☐ NO ☐

ARE THE CORRECTIVE ACTION ITEMS RECORDED AND VERIFIED THAT ACTIONS TAKEN WERE EFFECTIVE?

YES ☐ NO ☐

ITAR

ARE YOU ITAR COMPLIANT?

YES ☐ NO ☐

IF YOU ARE REGISTERED WITH THE DEPARTMENT OF DEFENSE, PLEASE ENTER REGISTRATION NUMBER.

_____

INTERNAL NOVO MODO USE ONLY

REVIEWED BY: _____

REVIEWED DATE: _____

APPROVAL SCOPE:

APPROVAL STATUS:

- ☐ CONDITIONAL APPROVAL
- ☐ APPROVED
- ☐ REJECTED

NOTES / COMMENTS: _____

_____

_____

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE AREA BELOW