

Supplier Information			
Company Name		Street Address	
City	State & Zip Code	Telephone	Fax
Sales Contact	Title	E-mail	Phone
Quality Contact	Title	E-mail	Phone
Name of Person Completing Questionnaire	Title	Date	

Business Information			
Total facility size (sq. ft.)	Total Number of Employees	Number of Production Employees	Number of Quality Employees
Number of Shifts <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Primary Product/Services	
Are single source subcontractors used? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what products	

International Traffic in Arms Regulations – ITAR

Is your company ITAR Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Controlled Goods Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Business Practice		
Business License Number	Expiration Date	May MMIST INC. personnel tour location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will manufacturing occur at other location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, list location(s)
Is there a schedule plant shut down? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, when?	Is there an Inventory Control System? <input type="checkbox"/> Yes <input type="checkbox"/> No

Quality System and Certification		
Please provide a copy of the certificate for each standard to which you are registered		
<input type="checkbox"/> ISO 9001:2008/2015*	<input type="checkbox"/> AS9100 Rev: C/or newer*	<input type="checkbox"/> ISO 17025 / ISO 10012*
<input type="checkbox"/> Nadcap Heat Treat*	<input type="checkbox"/> Nadcap Chemical Processing*	<input type="checkbox"/> Nadcap NDT*
<input type="checkbox"/> We are _____ compliant and have no certification #.		



***Certificate holders, Stop Here. Attach a copy of your certificate to survey & Email to quality@mmist.ca**





Supplier Survey/ Risk Analysis

3 Iber Road Ottawa, ON K2S 1E6
Phone (613) 723-0403
quality@mmist.ca
www.mmist.ca

Quality Manual	
Does establishment have a Quality Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach/send a copy of your QM with this survey.	

Document Control		
Is there a system to issue new or revised documents to the necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a system to retrieve out of date or invalid specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a master list identifying current procedures or work instructions and their latest revisions? <input type="checkbox"/> Yes <input type="checkbox"/> No

Training		
Is there a formal training program for each employee in Quality and Manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Procedure Number	Current Revision
Do in-plant training programs include safety considerations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Environment / Personnel		
Do procedures exist that establish and maintain the requirements for health, cleanliness, personal practices and environmental conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision

Customer Related Processes (Contract Review)		
Do procedures exist to assure an accurate review of customers' contracts or purchase orders? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Are customers notified of changes in specifications or manufacturing processes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Customer Communication		
Do procedures exist for handling customer complaints including customer feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision

Purchasing		
Do you have procedures for the selection and approval of your suppliers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Do you maintain a list of Approved Suppliers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		



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Verification of Purchased Product		
Is incoming material inspected to the requirements of a purchase order, specification, and/or applicable drawings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are there inspection procedures in place for incoming material? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Are there procedures in place to ensure that only acceptable material is received and issued to the manufacturing floor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Do individual lots or batches have a unique recorded identification code clearly visible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are in process inspections performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Is a final inspection performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are inspection results recorded, and do they indicate that product has been tested or inspected to defined acceptance criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Describe what sampling plans are used for inspections		

Production and Service Provisions		
Are manufacturing or process (work) instructions written, released, and available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Is there a manufacturing work order, or traveler system that follows each product lot as it progresses through manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does it indicate who performed the completed manufacturing step? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Do procedures indicate workmanship criteria, special handling or process conditions, and specific equipment to be used in the manufacturing processes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Are process validations routinely performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Identification and Traceability		
Are there procedures established for identifying product during all stages of production? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision



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Customer Property		
Is there a procedure establishing the care that will be exercised over customer property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision

Calibration – Measuring Equipment		
Is there a documented calibration program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Are all employees who use measurement equipment trained to use equipment only within the specified calibration dates? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are all measurement equipments clearly identified or tagged with calibration status? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are calibration records maintained for all measurement equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does the program include equipment recall at established intervals for re-calibration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Are calibration standards traceable to the National Institute for Standards and Technology (NIST) or other recognized agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Is there a procedure that describes a process for evaluating equipment that is found out of tolerance, and its impact may it have had on manufactured material? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision

Non-Conforming Material		
Is there a procedure for the disposition of non-conforming materials? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
Is non-conforming material identified and segregated from conforming material? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Corrective and Preventive Action		
Is there a procedure for managing the corrective action and/or preventive action program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Procedure Number	Current Revision
If yes, does the procedure address external customer complaints and implemented corrective action? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Disaster Recovery Plan		
Do you have disaster recovery plans identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Does your disaster recovery plan include major IT failures? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		



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Please Email Complete Questionnaire and Certifications to: quality@mmist.ca

Risk Review - For Internal use only by MMIST INC. Quality Assurance Department		
Supplier <input type="checkbox"/> New <input type="checkbox"/> Existing	Date Questionnaire Returned	Supplier Risk Rating <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Comments		
Supplier Type <input type="checkbox"/> Flight Critical* <input type="checkbox"/> Build to print* *Requires team review with executive <input type="checkbox"/> Subcontractor - Special processes* <input type="checkbox"/> Controlled		
Signatures <input type="checkbox"/> Approve <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Disapproved Quality _____ Date _____ Purchasing _____ Date _____ *Finance _____ Date _____ *Production _____ Date _____ *Executive _____ Date _____		
Risk Mitigation Plan (if required) <input type="checkbox"/> Supplier Desk Audit <input type="checkbox"/> Supplier On-Site Audit <input type="checkbox"/> On-Site Visit (key personnel and tour of facilities) <input type="checkbox"/> Quality Management Audit <input type="checkbox"/> Supplier On-Site Audit Attach additional details if required. Time allotted: _____ Resources: <input type="checkbox"/> Order samples and evaluate <input type="checkbox"/> Other. Please specify. _____		