

QUALITY SUPPLIER SELF SURVEY FORM

As part of PCB Piezotronics, Inc. policies and procedures, and in an effort to support the requirements of ISO 9001 and AS9100, we must periodically review and update our approved supplier list. The following Quality Supplier Self Survey was developed by PCB Piezotronics, Inc. to assess and document the capability of Supplier's which *do not* currently have an active Quality Management System Certification. The information you provide in this questionnaire is important for the establishment and/or maintenance of your **Approved Supplier Status** at PCB Piezotronics, Inc.

Please follow the instructions to complete this survey and return all applicable documents via e-mail to **vendors@pcb.com**, within 15 working days.

Thank you for your assistance in this matter.

Instructions

1. Complete Section A Organizational Information and B Quality Survey.
2. Complete and sign Section C Survey Certification.

Note: The Supplier Self Survey is based on the requirements of ISO 9001 & AS9100 and mostly requires a simple yes or no answer. We realize that some questions may not apply to your particular operation. In those instances, please note any exceptions or comments in the space provided or as an attachment provided with your response.

Direct any questions to the PCB Supplier Development Engineer at SDE@pcb.com or your PCB Buyer.

To be completed by PCB:

Requested by (PCB Representative): _____
PCB Supplier Category Description: _____

Date: _____
Vendor No. _____

Reason for Survey: New Supplier Existing Supplier Recertification Survey

QUALITY SUPPLIER SELF SURVEY

A Organizational Information

Name / Title: _____ Phone#: _____
 Email: _____ Website: _____
 Company Name: _____

B Quality System: Manufacturers

If you qualify as one of the types of businesses listed below, mark business type and complete Section B. If you do not qualify as a listed business, check "N/A" and complete Section C.

Type of Business:

<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Fabrication	<input type="checkbox"/> Fixtures	<input type="checkbox"/> Raw Materials	<input type="checkbox"/> Equipment
<input type="checkbox"/> Electronic Components	<input type="checkbox"/> PC Board /Assembly	<input type="checkbox"/> Distributor	<input type="checkbox"/> Catalog	<input type="checkbox"/> Equipment Supplier
<input type="checkbox"/> Inspection Service	<input type="checkbox"/> Testing Service	<input type="checkbox"/> Calibration Service	<input type="checkbox"/> Outside Process	<input type="checkbox"/> Service
				<input type="checkbox"/> Other

- 1 Does your company have a documented Quality Management System? YES NO
- 2 Is there an employee assigned by Management to maintain the Quality Management System? YES NO N/A
- 3 Has the organization established quality objectives that are reviewed by Management at an established frequency? YES NO N/A
- 4 Does your facility have adequate environmental controls for your operation (e.g. temperature, humidity, electrostatic discharge, etc.)? YES NO N/A
- 5 When measuring or test instruments are used, is there a system to ensure that instruments are:
 - a Calibrated at specified intervals? YES NO N/A
 - b Calibrated against measurement standards traceable to NIST or some other national standard? YES NO N/A
 - c Identified to determine their status? YES NO N/A
- 6 Is there a training program to ensure the effectiveness of the Quality Management System? YES NO N/A
- 7 Are customer Purchase Orders reviewed to ensure that the requirements can be met including quality-related requirements? YES NO N/A
- 8 Is there a process for selecting and approving new external suppliers? YES NO N/A
- 9 Are external suppliers monitored for performance? YES NO N/A
- 10 Are purchased items reviewed against purchase order and quality requirements before use? YES NO N/A
- 11 Are production and inspection steps documented and do they show traceability to:
 - a Materials used? YES NO N/A
 - b Who performed the operation? YES NO N/A
 - c Who released the product for shipment? YES NO N/A

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 12 Is there a process to ensure that nonconforming material is identified and segregated from known acceptable material? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 13 Is nonconforming material dispositioned by the proper authority? If product is deemed "use as is" are customers notified and a deviation requested? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 14 When products are accepted on a certificate of conformance or test reports, do you perform periodic audits of the reports or certifications to the established standards? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 15 Do you have written procedures for the control and issuance of your inventory? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 16 Does your company have procedures for the control of drawings, specifications, and procedures? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 17 Are internal audits of the Quality Management System performed at regular intervals? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 18 Is there a formal corrective action system in place to address customer complaints and internal nonconformances? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |

C Survey Certification

I hereby certify that the above survey statements are true and correct to the best of my knowledge:

Company Name: _____

Name of Certifying Individual
(Print Name): _____

Title: _____

Date: _____

Signature
(Electronic preferred): _____

*****Internal Use Only*****

PCB Piezotronics Supplier Approvals:

*Electronic signature acceptable or typed name.

Approval Method (Check one):

QMS Certification(s) Supplier Self-Survey Customer Approval On-Site Audit

Supplier Development
Engineer:

Date

Quality Director / Manager:

Date

Purchasing Manager:
(Optional)

Date

Buyer
(Optional):

Date

Survey Results (Check one):

Approved Limited Probation Rejected
