

Supplier ISO Survey

PART I

COMPANY IDENTIFICATION:

1 Supplier name	3 Main contacts:	
	Sales:	Customer service:
	Management:	Quality:
2 Address (bill to /ship to)	4 Phone	6 E-mail
	5 Fax	7 Tax status - please provide EIN No. & W-9
8 type of company <input type="checkbox"/> corporation <input type="checkbox"/> partnership <input type="checkbox"/> private <input type="checkbox"/> D&B Number		
TERMS & CONDITIONS:		
9 Terms (i.e. Net 30, AMEX)	10 Freight Delivered Pricing?	10 Price Change Notifications (i.e. 30 days)
12 Electronic order acknowledgements/invoicing?	13 Qty, Break Pricing?	14 Blanket Orders Accepted?
MANUFACTURING / SHIPPING CAPABILITIES:		
15 Lead Times	16 Expedites Available?	17 Cancellation Policy
18 Product Warranty & Returns Policy	19 Custom Labeling Available?	20 Shipping Tolerances
21 ROHS Compliant?	22 Provide Evidence of Product Liability Insurance?	
23 SUPPLIER APPROVAL BY Bearing Headquarters: - Block 23 To be Completed by Bearing Headquarters <input type="checkbox"/> Grandfathering <input type="checkbox"/> Quality System Certification <input type="checkbox"/> Supplier SQE Survey		

QUALITY SYSTEMS:

24 Is your organization ISO 9001 Certified? <input type="checkbox"/> yes - attach ISO Certificate & complete questions 25-28 & omit Part II <input type="checkbox"/> no - complete questions 29-40 and Part II		
25	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Record retention of 10 years is required for quality records (e.g. Insp. Records). Are records available/retrievable to show the effective operation of the quality system?
26	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Will Bearing Headquarters be notified of any changes in the product and/or process, subsuppliers and/or manufacturing facility location?
27	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Will Bearing Headquarters be notified of any product which is nonconforming to our requirements and be requested to provide a disposition and approval?
28	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Will Bearing Headquarters Company, our customers and regulatory authorities be provided the right of access to applicable facility areas/records pertaining to our purchase order?

PART II

29	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are there clearly communicated, defined & documented responsibilities & authorities for all personnel affecting Quality including a Quality Manual?
30	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are the contract review activities adequately documented & maintained to ensure that order requirements are understood & are within the organization's capability prior to order acceptance?
31	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are procedures in place to define the criteria for selection and ongoing evaluation of suppliers or subcontractors?

32	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is product identification maintained, with traceability recorded when required by the customer?
33	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are planned production activities being carried out under controlled conditions, with documentation control/approval of all technical documentation, drawings and data?
34	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is inspection and testing activities performed throughout the process, with the inspection/test status maintained?
35	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is data collected and analyzed to evaluate where continual improvements can be made, with continual improvement initiatives documented?
36	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are Production Processes where the resulting output cannot be verified by subsequent monitoring or measurement validated, with the results documented?
37	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	If validation is required, does documentation include criteria for review & approval of the processes, equipment and procedures, as well as qualification of personnel?
38	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is there identification, documentation, segregation (where possible) to a designated area, & disposition of non-conforming & suspect product?
39	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Are non-conformances investigated & the results documented in a corrective action report that identifies the cause, actions taken and verifies the effectiveness ?
40	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	Is the customer's perception as to whether the organization has fulfilled customer requirements monitored, including quality and delivery performance?

Please fax completed survey to 708-681-4462
or email to isosurvey@bearingheadquarters.com
Thank you!