

Ref:	Your Company Name
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Project:	Place:
Subsystem:	Date:
Product:	Model:
Material:	Serial No:

[REDACTED]	
[REDACTED]	
[REDACTED]	[REDACTED]
[REDACTED] <input type="checkbox"/>	
[REDACTED] <input type="checkbox"/>	

Rejected:

Writer:

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]				
[REDACTED]				
[REDACTED]				

As Designed / As Built:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Material Status:

Environment:

Handling / Packaging / Storage:

Inspection of Hardware:

Materials and Component Traceability:

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# SUPPLIER SURVEY

Supplier Name:		Manufacturer <input type="checkbox"/>
Address:		Distributor <input type="checkbox"/>
		Other <input type="checkbox"/>
Telephone:		Fax:
Type of Product or Service		
Type of Quality System		
Comments:		
Supplier Status:	<input type="checkbox"/>	<input type="checkbox"/>
Required Actions:		

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LLC.



TOOL AND GAGE CONTROL				
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Is there a calibration recall system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTIONS				
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Are production and inspection personnel adequately notified of changes that were the result of corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-CONFORMING MATERIAL CONTROL				
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAMPLING INSTRUCTIONS				
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Is the sampling plan in accordance with ANSI/ASQC Z1.4 or ANSI/ASQC Z1.9?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	--	--	--
3)	Do inspection personnel have written instructions covering sampling inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCUREMENT CONTROL				
1)	Does a system exist for evaluation of your supplier's quality system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PACKAGING AND SHIPPING				
1)	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>