

### Supplier Evaluation Questionnaire

Please complete and return to Ferrari Interconnect Solutions by email or fax.

COMPANY NAME	_____		
STREET ADDRESS	_____		
CITY	STATE	ZIP CODE	_____
PHONE	FAX	_____	

TYPE OF BUSINESS:	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> OTHER _____
SCOPE OF BUSINESS	_____		
	_____		

<i>COMPANY INFORMATION</i>	<i>EMPLOYEES</i>
YEARS IN BUSINESS _____	TOTAL NUMBER _____
YEARS AT CURRENT LOCATION _____	QUALITY _____
	MANUFACTURING _____
	OTHER _____

*PLEASE MARK THE QUALITY PROCEDURES YOU ARE CURRENTLY CERTIFIED TO WITH REVISION:*

ISO / AS CERTIFICATIONS	<input type="checkbox"/> ISO9001 REV _____	CERT #: _____
	<input type="checkbox"/> AS9100 REV _____	CERT #: _____
OTHERS (PLEASE LIST): _____		

COMPLETED BY:	_____	_____
	(PRINT NAME)	(SIGNATURE)
TITLE:	_____	DATE: _____

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IF YOU HAVE AN ISO 9001 / AS9100 CERTIFICATION, IT IS NOT NECESSARY TO COMPLETE THE REMAINDER OF THIS FORM. PLEASE SEND A COPY OF THE REGISTRATION CERTIFICATE ALONG WITH THE SURVEY.

IF YOU DO NOT HAVE AN ISO 9001 / AS 9100 CERTIFICATION, PLEASE COMPLETE THE REMAINDER OF THIS SURVEY AND RETURN WITH A COPY OF YOUR QUALITY MANUAL AND A TIMELINE, IF YOU ARE CURRENTLY IN THE PROCESS OF BEING CERTIFIED.

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### Supplier Evaluation Questionnaire

	YES	NO	N/A
1.) There is a Quality Assurance system that is properly implemented and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.) There is a Quality Assurance Manual. (If YES, please send a copy of your Quality Manual.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.) The Quality Assurance organization trains and documents employees in the application of quality assurance methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.) There are documented procedures and detailed work instructions for all operations which effect quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.) There is a system to ensure that there is review and compliance to all PO quality clauses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.) There is a program in place to prevent use of Counterfeit material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.) There is a calibration program for your test and measurement equipment. This includes all standards are certified, traceable and all equipment is labeled to show.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.) There are documented inspection systems for incoming, in-process and final inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.) Inspection records are kept for a minimum of 7 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.) All of the discrepant materials are promptly and adequately identified and separated from normal work operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.) There is a corrective action program that is implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.) There is a system for measuring customer satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS: \_\_\_\_\_

*To be completed by Ferrari Interconnect Solutions*

**Risk Assessment:** Low      Medium      High  
(Circle one)

**Type of Review:** Initial      Re-Evaluation  
(Circle one)

**Rating:** Approved      Conditional      Disapproved  
(Circle one)

**ASL Expiration:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Approved By:** \_\_\_\_\_      **Title:** \_\_\_\_\_      **Date:** \_\_\_\_\_