



MORGAN
Bronze Products, Inc.

SUPPLIER QUALITY SYSTEM ASSESSMENT

Supplier Name/Address:

Supplier Contacts – List by Priority

Name	Title	Phone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your company certified to ISO9000, TS16949 or AS9000?

Circle: Yes No

If yes, list your Registrar and Registration number

Is your company ITAR registered?

Circle: Yes No

If yes, list your Registration number

If you are ISO, TS or AS Certified you can disregard the remainder of this survey.

Does your company have a Quality Policy? Circle: Yes No

Does your company maintain a Gauge Calibration System? Circle: Yes No

Does your company conduct an APQP process? Circle: Yes No

Is your company able to provide PPAP documentation? Circle: Yes No

Has your company adopted a Lean philosophy? Circle: Yes No

Name/Title of person completing this survey:

Name/Title

Date



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No.	Description	Yes	No	N/A
1	The supplier has a Quality Department?			
2	The Quality System is properly documented, maintained and communicated throughout the organization?			
3	There is a Quality Manual?			
4	The Quality Department has direct access to senior management so resolution of quality problems and conflicts can be resolved efficiently and effectively?			
5	The Company operates a defect prevention program?			
6	Key performance indicators are used to measure the effectiveness of the Quality System?			
7	Are your employees trained in the quality methods and procedures of the Quality System?			
8	The Quality Department has the authority to withhold any product that does not meet customer requirements?			
9	The supplier has a system for evaluating potential suppliers?			
10	The supplier maintains an Approved Supplier List?			
11	The supplier measures the performance of their suppliers (OTD, PPM)			
12	The supplier maintains a Receiving Inspection process?			
13	Receiving Inspection records are sufficient to identify; part number, revision, date of inspection, qty inspected and rejected, disposition and inspector?			
14	Customer approval is required for any rework/repair of defective material?			
15	The supplier maintains a document control system for internal and external documents used within the Quality System?			
16	Customer approval is required for any deviation to specification or process?			
17	The supplier document control system ensures that appropriate drawings, technical requirements, work instructions, control plans are available at the time of manufacture or inspection?			
18	A plant wide preventive maintenance program is in place?			
19	Preventive maintenance records are maintained?			
20	All finished product is inspected to ensure that all internal and customer specifications have been met?			
21	Adequate inspection and test records are maintained?			
22	Adequate inspection instructions are available to Final Inspection personnel?			
23	Final Inspection personnel have access to all required drawings, engineering change documents, specifications and other relevant material?			
24	The supplier maintains a process to protect against damage in handling, storage, packaging and delivery?			
25	A formal Corrective/Preventive Action program is in place?			
26	The supplier utilizes 5-why analysis, cause & effect, process mapping and other root cause analysis tools?			
27	The supplier maintains a program to evaluate the effectiveness and adherence to the Quality System?			
28	Procedures are in effect that require the periodic inspection, testing and re-calibration/verification of all measuring equipment?			
29	The supplier has a formal Customer Satisfaction program in place?			
30	Customer schedules are reviewed regularly to ensure customer requirements are met?			
31	The supplier maintains a formal continuous improvement program for all areas of the business?			
32	The supplier utilized statistical process control in manufacturing operations?			



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To be completed by MORGAN BRONZE PRODUCTS, INC only

Survey Disposition

Approved (80-100%):	Circle:	Yes	No
Conditional Approval (60-79%)	Circle:	Yes	No
Unapproved (< 60%)	Circle:	Yes	No

MBP Approvals (Name & Date)

Purchasing & Inventory Control Mgr: _____

Quality Assurance Mgr: _____