



# SUPPLIER QUALITY SYSTEM SURVEY

<b>COMPANY NAME:</b>		<b>ADDRESS:</b>	
<b>CITY:</b>		<b>STATE/PROVINCE:</b>	<b>ZIP/POSTAL CODE:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>E-MAIL:</b>	<b>WEBSITE:</b>
<b>SURVEY TYPE:</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Self-Evaluation <input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Periodic <input type="checkbox"/> Processor <input type="checkbox"/> Other			
<b>CONTACT NAME:</b>		<b>TITLE:</b>	<b># OF EMPLOYEES</b>
			Total:
			Production:
			Quality:
<b>LIST COMPANIES AND/OR AGENCIES WHICH HAVE SURVEYED AND APPROVED YOUR QUALITY CONTROL SYSTEM:</b>			
Company or Government Agency		Date	Name of Surveying Representative
<b>IS THE COMPANY QUALITY SYSTEM REGISTERED BY AN INTERNATIONAL ACCREDITATION FORUM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IF YES WHICH QUALITY STANDARD ARE YOU ACCREDITED OR COMPLIANT TO:</b>			
ISO 9000 <input type="checkbox"/> AS9100 <input type="checkbox"/> QS-9000 <input type="checkbox"/> ISO/TS 16949 <input type="checkbox"/> Other _____			
<b>CERTIFICATE TYPE:</b>	<b>CERTIFICATE NUMBER:</b>	<b>REGISTRAR:</b>	<b>EXPIRATION DATE:</b>
<b>SPECIAL PROCESS:</b>			
<b>Please list Special Processes performed at your facility (Plating, Painting, Soldering, Etc.):</b>			
<b>WORKER SOLDERING/CONFORMAL COAT/INSPECTOR CERTIFICATIONS:</b>			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> J-STD-001 <input type="checkbox"/> IPC-A-610 <input type="checkbox"/> Class1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3			
<input type="checkbox"/> J-STD-001 Space Addendum <input type="checkbox"/> J-STD-001 Nadcap certified			
Is an IPC registered instructor on site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> NASA-STD-8739.3 (Hand Soldering) <input type="checkbox"/> NASA-STD-8739.4 (cables)			
<input type="checkbox"/> NASA-STD-8739.2 (SMT) <input type="checkbox"/> NASA-STD-8739.1 (CC and Staking)			
<input type="checkbox"/> Others                     List:			



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## 1.0 Conflict Mineral:

**1.1 Are you supplying any minerals, metals, compounds, components or any other products that contain Tantalum, Tungsten, Tin or Gold to CEVIANS LLC?**

Yes  No

If no, go to #4 below.

If yes, please check all that apply:  Tantalum  Tungsten  Tin  Gold

**1.2 For the minerals identified in #1 above, do all such minerals come from recycled or scrap sources?**

Yes  No

If yes, go to #4 below

If no, continue to #3

**1.3 For the minerals identified in #1 above that do not come from recycled or scrap sources, do any of them originate from the Democratic Republic of the Congo, Zambia, Angola, Republic of the Congo, Central African Republic, South Sudan, Uganda, Rwanda, Burundi or Tanzania (the "covered countries")?**

Yes  No

If no, go to #4 below.

If yes, please provide additional details with this information request on your products containing Minerals that originate from the covered countries

\_\_\_\_\_

**1.4 Have you anticipated any changes during the last 12 months which would affect your answers to the above questions?**

Yes  No

## **CERTIFICATION**

**By signing below, the undersigned hereby acknowledges and affirms he/she is duly authorized to do so and that the responses submitted are true and complete based upon due inquiry. In addition, the undersigned undertakes on behalf of the Supplier that if any of the responses on this information request should change for any reason during the calendar year covered by this request, the Supplier will provide an updated information request as soon as reasonably possible.**

**SUBMITTED ON BEHALF OF:**

**Supplier:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_



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**\*\*Note: If this is the first time completing this survey, please complete all pages.\*\***

**\*\*If you are an existing supplier and are AS9100D or ISO 9001:2015 certified, you can skip to page 6\*\*  
(please attach a copy of your certificate)**

<b>2.0</b>	<b>QUALITY SYSTEM/MANAGEMENT RESPONSIBILITY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company maintain a Quality Manual including operating policies and procedures for the quality management system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the company structure define quality responsibility and authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Does the company structure provide access to top management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Is the quality management system periodically reviewed with management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Is the quality system responsible for acceptance of products and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.1</b>	<b>TRAINING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company have a documented employee-training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.2</b>	<b>CONTRACT REVIEW</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Are purchase orders reviewed to ensure that all customer requirements can be met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.3</b>	<b>DESIGN AND DEVELOPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company plan and control the design and development of product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the company identify design changes and record them? How? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Does the company have a document configuration control process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.4</b>	<b>PURCHASING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company maintain and periodically update a list of approved sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the company control supplier design, including changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Do purchase documents contain enough information to clearly identify the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Are incoming materials identified and segregated until acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are inspection results used to initiate the corrective action/preventative action process for purchased material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Are Customer Requirements flowed down to sub-tier suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Are sub-tier suppliers evaluated initially? How: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Is there established criteria documented for evaluation and re-evaluation of suppliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Are EEE Parts Brokers or Independent Distributors (non-manufacturer authorized) used to procure electronic parts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Is there a documented program/process to prevent procuring counterfeit or substandard parts and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Can material be procured from other than an Approved Supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Does Quality annotate the Purchase order with specific quality clauses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Does quality conduct supplier surveys by (Circle all that applies): Mail      Physical      Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# SUPPLIER QUALITY SYSTEM SURVEY

2.5	PRODUCT IDENTIFICATION AND TRACEABILITY	YES	NO	N/A
A	Do procedures define methods of traceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the product have traceability throughout production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is lot ID maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	PROCESS CONTROLS	YES	NO	N/A
A	Are production processes planned by using shop travelers/route cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are in-process inspections performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are inspection results used to initiate the corrective action/preventative action process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Are the special processes monitored on a continual basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are records demonstrating the qualification of special processes, operations, personnel, and equipment maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Are procedures for equipment and facility maintenance established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Does a sub-tier supplier perform any Special Processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	If Yes, are the Special Processes submitted for customer approval if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	If Yes, Do you periodically audit them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7	INSPECTION AND TESTING	YES	NO	N/A
A	Does the company have written procedures for: (please check applicable boxes)			
	<ul style="list-style-type: none"> <li>• Receiving Inspection</li> <li>• In-Process Inspection and Testing</li> <li>• Final Inspection</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is incoming material properly identified and controlled until inspection acceptance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are nonconforming materials identified, controlled and segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Does final inspection assure that all inspections and tests were performed and the product meets specified requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are records maintained and available for all inspection and test operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Is there a counterfeit parts detection program in place and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Are all deliverable items verified to the Customer PO, and the Customer assigned quality clauses contained on the PO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	CONTROL OF INSPECTION, MEASURING, AND TEST EQUIPMENT	YES	NO	N/A
A	Does the company maintain procedures/instructions for control, calibration, and maintenance of inspection, measuring, and test equipment? If Yes, by which standard? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Do procedures/instructions define frequency of calibrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Does calibration system provide traceability to national standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Are employee owned tools and gages utilized for production acceptance calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Does a suitable indicator uniquely identify the calibration status of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Are calibration standards traceable to recognized master standards such as NIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# SUPPLIER QUALITY SYSTEM SURVEY

G	If Yes, Are NIST certifications on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.9</b>	<b>CONTROL OF CUSTOMER-SUPPLIED PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company's procedures/instructions define control of customer-supplied products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.10</b>	<b>HANDLING, STORAGE, PACKAGING, PRESERVATION, AND DELIVERY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Do methods exist to prevent damage and deterioration of the product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the company have designated storage areas with controlled access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are age sensitive material and products identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Do material handling procedures exist for ESD control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Do material handling procedures exist for FOD control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Do material handling procedures exist for Shelf-life control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Do material handling procedures exist for Moisture Sensitive Devices control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.11</b>	<b>CONTROL OF NONCONFORMING PRODUCT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company maintain procedures/instructions for controlling nonconforming product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the nonconformance system provide for the identification, documentation, evaluation, segregation and notification of CEVIANS, Inc. for nonconforming material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.12</b>	<b>CORRECTIVE AND PREVENTIVE ACTIONS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company maintain procedures/instructions for corrective/preventive actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Do records show investigation of the root cause(s) of non-conformances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Do records indicate root causes have been corrected to prevent recurrence of non-conformances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Do records show evaluation and effectiveness of corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.13</b>	<b>CONTROL OF QUALITY RECORDS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company maintain control of quality records identifiable to the appropriate product including pertinent subcontractor records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Are the retention times documented? Retention time period? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Are records readily retrievable, legible and accessible to CEVIANS, Inc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.14</b>	<b>INTERNAL QUALITY AUDITS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company have a defined internal audit schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Does the company maintain records of audit reports, corrective actions taken, and effectiveness of those actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.15</b>	<b>STATISTICAL TECHNIQUES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
A	Does the company maintain a documented SPC program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	If not, are SPC techniques being developed? Implementation Date? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## SELF-EVALUATION SURVEY PARTICIPANTS

I certify the above Self-Evaluation Survey was completed in accordance with the company's Quality Assurance procedures and is accurate and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Please Return to:

CEVIANS, LLC  
3128 Red Hill Avenue  
Costa Mesa, CA, USA 92626  
Attn: Quality Manager

### SUPPLIER COMMENTS:

### FOR CEVIANS USE ONLY:

<b>RISK ASSESSMENT:</b>	<input type="checkbox"/> High risk Vendor	<input type="checkbox"/> Critical	KPI:	Credit Report Attached:
	<input type="checkbox"/> Normal risk Vendor	<input type="checkbox"/> Standard	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Low risk Vendor	<input type="checkbox"/> Non-Critical	<input type="checkbox"/> No	<input type="checkbox"/> No
	Explain: _____			

### SCOPE OF APPROVAL:

### STATUS:

<input type="checkbox"/> Approved	On-Site Audit Required:
<input type="checkbox"/> Rejected (explain below)	<input type="checkbox"/> Yes
<input type="checkbox"/> Conditional (explain below)	<input type="checkbox"/> No
Explain: _____	

### QUALITY:

Approve by: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### OPERATIONS:

Approve by: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### ENGINEERING:

Approve by: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_