



A DERRY ENTERPRISES COMPANY

FIELD Supplier Profile and Quality Survey

Supplier Name:		Physical Address:	
		Mailing Address:	
City: Zip:	State:	Main Telephone:	Main Fax:
Website Address:	Terms Required:	Taxpayer ID #:	
President:		Telephone:	E-mail:
General Manager: asdasdasdasd		Telephone:	E-mail:
Inside Sales Contact 1: asdasdasdasdasd		Telephone:	E-mail:
Inside Sales Contact 2:		Telephone:	E-mail:
Outside Sales Contact:		Telephone:	E-mail:
Sales Manager:		Telephone:	E-mail:
Engineering Contact:		Telephone:	E-mail:
Quality Manager:		Telephone:	E-mail:
Accounting Contact:		Telephone:	E-mail:
Number of Employees:		How long in business?	Manufacturer <input type="checkbox"/> Dist. <input type="checkbox"/> Trading Co. <input type="checkbox"/>
Current Number of Shifts: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		E.D.I capability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you privately owned? yes <input type="checkbox"/> no <input type="checkbox"/>		Subsidiary of:	Annual Sales: \$
Are you a certified minority-owned business? <input type="checkbox"/> yes <input type="checkbox"/> no		What is your current capacity level? . %	

PRODUCT INFORMATION and MANUFACTURING CAPABILITIES

Product lines:

Processing capability:

Finishing :

Types :

In-House / Purchased

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Heat Treat: Yes No

In-House / Purchased

Passivation : Yes No

In-House / Purchased

Other:

In-House / Purchased

List standards your product can be manufactured to meet:

List your major customers; and any certifications with dates by these customers:

Materials :

Size Capabilities:

Equipment:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

INVENTORY AND COMMERCIAL POLICIES

Lead time:
Do you accept blanket orders and releases against these orders? <input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum quantity: Minimum \$
Do you carry on-hand inventories? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to establish an inventory management system with Field Fastener? <input type="checkbox"/> Yes <input type="checkbox"/> No
Return policy:
Shipping FOB

SUPPORTING DOCUMENTATION

What is your policy for supply of:
\$ Certificate of Conformance:
\$ Material certifications:
\$ Processing certifications:
\$ Complete inspection reports - First Article (FAI)/(ISIR) <input type="checkbox"/> Yes <input type="checkbox"/> No - SPC data for critical parts or key characteristics <input type="checkbox"/> Yes <input type="checkbox"/> No - Part Production Approval Process (PPAP) <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ Can you support: - FFS labeling requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No - FFS packaging requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Years of record retention?
• Average performance over last 6 months for delivery: .% quality : .%
• How do you insure compliance to customer drawings and related specs?
• How are we notified if requirements cannot be met (i.e., deviations to prints)?
F.F.S.C is what % of your business? %

QUALITY SYSTEM

Is the Company certified to ISO 9001/9002, QS 9000 or other recognized standard? If so, attach copy of current certificate.	Registrar Effective Date	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Instructions: For each question answer yes or no and supply evidence of procedure and supporting documentation to demonstrate effectiveness.

#	QUESTIONS	Yes/No
1	Are company policies, objectives and its commitment to quality documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is there an organization with defined responsibility, authority and resources to implement and maintain a quality program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have trained personnel been assigned for management, performance of work, verification activities and internal quality audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is there a procedure for management review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are purchase orders/contracts from customers reviewed to ensure capability to meet requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are documents and data which are a part of the engineering, manufacturing, warehousing and quality system controlled to ensure that only the appropriate revision is available at all essential locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is there a procedure for identification and traceability of product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are all processes that affect product quality performed under controlled conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are there documented procedures for receiving, in-process and final inspection/test and are these records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is there a program for the maintenance and calibration of measuring and test equipment? Is it based on 9 MIL-STD-45662, 9 ISO-10012, 9 Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Is product identified at all stages with regard to inspection and test status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is there a procedure for identification, documentation, evaluation, segregation and disposition of non-conforming material/product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is there a procedure for implementing corrective and preventive action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Is there a documented continuous improvement program? Are records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are there procedures for handling, storage, packaging, preservation and delivery of materials and product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are there procedures for the identification, collection, filing, maintenance and disposition of quality records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Is there a procedure for internal audits to ensure the quality system is maintained and complied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Is there a documented training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	When specified, is there a procedure for servicing the product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Are there procedures for the use of sampling/testing and the use of statistical techniques for process control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Is a material traceability system in place and effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Are you willing/able to use a directed source for special processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Do you do work for aerospace customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Do you have a supplier approval/certification program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Do you have a list of approved suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Are drawings, prints, specifications, and procedures approved by authorized personnel prior to release?	<input type="checkbox"/> Yes <input type="checkbox"/> No

See attached sheet

Prepared by: _____ Date: / /

Return to: _____ E-Mail Address: _____

FIELD
 Attn: Quality Manager
 9883 North Alpine Road
 Machesney Park, IL 61115
 Phone (815) 637-9002
 Fax (815) 637-7575

FFSC Review By: _____ 9 Approved 9 Conditional 9 Disapproved

Date: / / _____ Tier 9 1 9 2