

**Renmark-Pacific Corporation**

2675 Skypark Drive, Suite 103  
 Torrance, CA 90505  
 Tel. 310-549-3100  
 Email: justin@renmarkpacific.com

## Supplier Quality Management System Survey Qualification Assessment

**General Information**

Company Name:	Phone:
Address:	Website:

**Supplier QMS Certification/Status**

<input type="checkbox"/> AS9100 Certified	<input type="checkbox"/> ISO 9001 Certified	<input type="checkbox"/> Nadcap Certified
<input type="checkbox"/> Certified to Other Industry-Recognized Quality Standard (please specify) _____		Expiration Date: _____

**IF CERTIFIED TO ISO OR OTHER INDUSTRY-RECOGNIZED QUALITY STANDARD, PLEASE SIGN AND RETURN SURVEY WITH A COPY OF YOUR CURRENT REGISTRATION CERTIFICATE. OTHERWISE, COMPLETE THE BALANCE OF THIS SURVEY.**

**Indicate your organization's score based on the scoring guidelines below.**

**N/A** This element is not included and documented in the quality system or not applicable (N/A) in our business.

- 1** This element is included and documented but planning and execution require substantial improvement.
- 2** This element is included, but documentation improvements are required.
- 3** This element is included and documented, and very little improvement is needed.
- 4** This element is included and documented; planning and execution are extremely thorough.

1) Is there a quality manual and supporting quality procedures? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) Are control plans (e.g., shop traveler) generated and used for all products? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) Is there a documented system for inspection stations (e.g. receiving, first article, in process, final inspection, product audit)? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4) Is there a system to assure that the latest approved drawing and specifications are on file and used? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
5) Are manufacturing controls, which include set-up, operator instructions, process instructions, and process flowchart and non-conforming material control, documented and implemented? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
6) Is there a system to identify and trace material throughout the cycle, and a system for handling, storage, and packaging materials to preserve the quality of the finish products? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
7) Is there a system to analyze defective materials returned by customers to initiate and monitor corrective action and preventive action? Comments/Evidence: _____	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**Survey Completed By – Signature signifies responses are accurate to the best of signee's knowledge.**

	Date: _____
	Title: _____
Name: _____	Email: _____

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**Supplier Quality Management  
 System Survey  
 Qualification Assessment**

Supplier:	Phone Number:
Quality Representative and Title:	E-Mail Address:

SURVEY RESULTS SUMMARY		
(A) Total of all Numeric Scores Achieved:		Ignore "NA" questions
(B) Total Possible Numeric Scores:		(Total numeric questions answered) times 4
(C) Overall score in Percent:		Formula = (A) divided by (B) times 100
Overall GRADE (use table below)		

OVERALL GRADE CRITERIA		
<b>Preferred</b> (ISO9001 or equivalent registered)	<b>A</b>	90% and more
<b>Potential Preferred</b> (Working on Quality Certification)	<b>B</b>	80% - 89%
<b>Satisfactory</b> (Quality System Satisfactory)	<b>C</b>	70% - 79%
<b>Marginal</b> (Improvement needed)	<b>D</b>	60% - 69%
<b>Unsatisfactory</b> (Subject to product performance review)	<b>U</b>	0% - 59%

**SUPPLIER CAPABILITIES AND STRENGTHS (If necessary, attach supporting documents):**

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**SUPPLIER WEAKNESSES, FINDINGS, COMMENTS AND RECOMMENDATIONS (If necessary, attach supporting documents):**

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**SUPPLIER APPROVAL STATUS**

Approved     Conditionally Approved     Not Approved

Scope of Services Approved: \_\_\_\_\_

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

Approval Authority: \_\_\_\_\_ Date: \_\_\_\_\_