

HTM PRECISION MACHINING, INC.

SUPPLIER QUALITY PROGRAM SURVEY

SHEET 1 OF 4

Supplier Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact:

Supplier Quality Representative:

Title:

ISO Standard:

Cage Code: _____

Is your company ISO 9001:2008 Certified? _____ (If not; what quality system are you compliant with) _____

1. Type of Business:

Manufacturer Distributor Heat Treater Plater Other _____

2. Number of years in business? _____

3. What are your typical lead times? _____

4. Is your company JCP certified? (Please include registration number and expiration date)

5. Is your company ITAR registered? _____

TO BE COMPLETED BY HTM PRECISION MACHINING, INC. ONLY

Will subcontracted services be requested through this supplier? YES NO

Approved? YES NO

Reviewed by: _____ Date: _____

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6. Areas covered by your company's quality assurance manual:

- | | | |
|---|--|--|
| <input type="checkbox"/> Organization & Functions | <input type="checkbox"/> Records & Reports | <input type="checkbox"/> Control of Purchases |
| <input type="checkbox"/> Inspection Stamps | <input type="checkbox"/> Non-Conforming Materials | <input type="checkbox"/> Material Control |
| <input type="checkbox"/> Audits | <input type="checkbox"/> Corrective Action | <input type="checkbox"/> In-Process Inspection |
| <input type="checkbox"/> Storage Delivery | <input type="checkbox"/> Drawing Changes | <input type="checkbox"/> Final Inspection |
| <input type="checkbox"/> Calibration | <input type="checkbox"/> Training/Certification/Compliance | <input type="checkbox"/> Planning/Instructions |
-

7. Does your company maintain an effective export compliance program? YES NO N/A

8. Does your company use the 9001:2008 Quality Control Manual? YES NO N/A

9. Does your company employ non-U.S. persons? YES NO

10. Can you submit certifications on selected product/processes if requested? YES NO N/A

11. Does your company have a system for quality evaluation of potential suppliers? YES NO N/A

12. Does receiving inspection check incoming shipments to the requirements of the purchase order, referenced specification and applicable drawings? YES NO

13. Does your company operate a source audit program? YES NO N/A

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14. Do you have a program for assuring that your suppliers/subcontractors have an adequate quality assurance program? YES NO N/A

15. Do you have a documented system for handling non-conforming product/materials? YES NO N/A

16. Is there a corrective action system to prevent repetitive discrepancies? YES NO N/A

17. Are all inspections and tests documented and kept on file? YES NO N/A

18. May we or our customer visit your facility for scheduled audits and/or on-site product inspections? YES NO N/A

19. Do you have a documented method for handling returned/reworked parts? YES NO N/A

20 Who will respond to our corrective action requests?

21. What is that person's authority?

22. Does your company operate a shipping inspection function? YES NO N/A

23. Does your company maintain procedures that call for the periodic inspection and recalibration of all measuring devise, gauges and items of test equipment? YES NO N/A

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SHEET 4 OF 4

List Specialized Areas & Processes (Sawing, Grinding, Etc.)

COMMENTS: _____

Survey Completed By: _____
Please Print

Sign Here: _____

THANK YOU FOR YOUR TIME.

Please E-mail, Mail or Fax to:

Robin Lentz

Executive Secretary

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