



Supplier Quality System Survey

Supplier _____
 Division _____
 Address _____

Date: _____

Quality Contact: _____
 Title: _____
 Phone _____
 Fax _____
 e-mail _____

Reports to: _____
 Title: _____

Plant size (ft²): _____
 Union: _____
 Total Employment: _____
 Shifts: _____

Contract expires: _____
 Direct Labor: _____
 QA employees: _____

This report is a _____ **Self Assessment** _____ **Site Audit**

Survey Performed by _____
 Title _____

Personnel Contacted	Title
_____	_____
_____	_____
_____	_____

Principal Products, Services & Customers

Current Quality Certifications

Note: If supplier is ISO/TS 16949 certified **STOP HERE**. Send this cover page and attach a copy of the ISO/TS 16949 certification.

