



Defense Manufacturing
11000 Midlantic Dr.
Mount Laurel, NJ 08054

SUPPLIER QUALITY AUDIT QUESTIONNAIRE

Form Rev:

04/04/12

Form#:

Form-7-4-1

Supplier/Company Name:		Date:
Address:		
Phone:	E-Mail:	Fax:
Type of Product designed, produced or sold:		
Quality Contact:		
Quality Email:		

PLEASE READ BEFORE COMPLETING!

It is not necessary to answer YES to all of the following items to be considered an approved supplier by BLUSA Defense Manufacturing, as this questionnaire is universal in nature. If the question is not applicable to your industrial standards, you may enter N/A.

Some companies choose to provide their own audit questionnaire form, which is acceptable providing it meets the requirements of this questionnaire, and note that on this form.

AS9100, NADCAP and ISO9001 certificated companies may present a copy of their certification and only fill in the information required above, items 1 through 5, and sign on the last page.

Section 1

	YES	NO	N/A
1. Are you a manufacturing facility?			
2. Are you a distributorship?			
3. Is a Quality Control System currently in effect? System Used: _____			
4. Is a Quality Control Manual currently in use? Include revision level if controlled, and list effective date: Rev: _____ Date: _____			
5. Are there sufficient and properly trained Quality Control Personnel? Ratio of Quality Control to Production Personnel is _____ in _____.			
6. Are Inspection Stations and Test Equipment properly located and Inspections properly sequenced to ensure conformance with design data?			
7. Are parts and/or assemblies inspected for design conformity? Inspection Plan used: _____			
8. Is there a procedure in effect to ensure that only correct drawings are available to Inspection and Manufacturing Personnel?			
9. Is there a final inspection function?			
10. Do your Purchase Orders for materials and products provide Specifications or other data in the detail necessary to ensure procurement which meet the requirements of the design data?			
11. Is there a program in force for assuring quality of incoming material?			
12. Are raw materials and/or products Certified by the supplier?			
13. Are incoming parts and material inspected? Inspection plan used: _____			
14. Are suppliers notified of rejection?			
15. Are stored parts and material properly identified and protected from damage and deterioration?			



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16. Is there a material routing system throughout the manufacturing area?			
17. Is there a system in effect to identify accepted parts and material?			
18. Are rejected goods identified and segregated from other material to prevent use in finished parts?			
19. Are Inspection Records maintained? How long? _____			
20. Are lots held until Inspected and Approved?			
21. Are reworked parts re-inspected?			
22. Are there tool and gauge Inspection Records identifying Inspection frequencies in effect?			
a. Does your facility have an effective tool calibration program, including a re-call system?			
b. Is there adequate tooling and test equipment available to perform all test-measurements required to assure conformance to specification?			
c. Are specified calibration frequencies established for each precision tool and instrument?			
d. Are historical records of calibrated equipment containing repair and calibration accuracy data maintained?			
e. Did an audit of the calibration program indicate the vendor is monitoring for compliance?			
23. Are there controls in effect to ensure only approved parts, assemblies, and materials are shipped?			
24. Do you perform any Special Processes at your facility? Ex: Heat treat (Steel-Aluminum) bonding, casting, forgings, spot-welding, welding, brazing, fiberglass fabrication, plating, etc.			
25. Do your records show compliance with Special Process Specifications 100%?			
26. Do you perform any nondestructive testing at your facility? Ex: Magnetic particle, penetrant, radiographic, ultrasonic, etc.			
27. Is your Quality Control Manual AS9100, AS 9000, ISO, or mil APPROVED? Or Other: _____			
28. Are you planning on becoming CMMC compliant? If yes, what level? _____ Target completion date? _____			
29. Are you currently compliant with NIST? _____ Any open POAM's? _____			

Section 2 (Please fill in boxes)		or	Write N/A if not applicable	
Total Number of Employees:	Management:	Manufacturing:	QA/QC:	
Vendor Capabilities:	Manufacturing:	Distributor:		
Other (please list):				
QA/QC contact (Name):		Title/ Phone#:		
Reports to (Name):		Title:		
Government/ Military (work):	%	Commercial (work):	%	



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Section 3 Vendor Capabilities Check List

Vendor:	Date:
Address:	Telephone:
City, State, Zip:	Fax:
Web Site:	Completed by:

Key Company Personnel	Name	Title	Phone	Email
Management				
Quality Manager				
Production Manager				
Order Status Contact				
Sales Contact				

Type of processes/services provided (select all that apply):

Manufacturing

- Complete to drawing
- Semi-Finished to drawing
- Raw Material
- Forgings
- Castings
- Electro Discharge Mach.
- Other

Heat Treatment

- Annealing
- Stress Relief
- Tempering
- Aging
- Quenching
- Controlled Atmosphere
- Other

Surface Treatment

- Plating
- Black Oxide
- Dry Film Lube
- Coating
- Passivation
- Electropolish
- Other

NDT

- Penetrant
- Magnetic Particle
- Ultrasonic
- Radiographic
- Other

Testing

- Chemical
- Physical
- Metallographic
- Salt Spray
- Hydraulic
- Electrical
- Other

Calibration Service (only)

- Gage Blocks
- Hardness Testers
- Measuring Instruments
- Pressure Gages
- Surface Plates
- Surface Analyzer
- CMM'S
- Pyrometry & Thermal
- Equip Weights
- Other

Joining & Fabrication

- Welding
- Blazing
- Light/Heavy Assy
- Other

Distributor

- Raw Material
- Parts
- Other

Approving Signature

Print Name/Title

Date