VENDOR QUALIFICATION SURVEY



Date	e: Vendor Name:	
Vend	ndor Address:	
	ndor Website: Vendor Email:	
1.	Name and position of the person responsible for implementation of the quality system.	 em.
2.	Personnel associations (number in each group). Quality: Mfg: Eng: Purchasing:	
3.	Is there documented evidence for the following?	
	Management CommitmentYesNoReceiving InspectionYesRaw Material CertificatesYesNoFinal InspectionYesInspection RecordsYesNoDocument ControlYesNonconforming MaterialYesNoSupplier EvaluationYesTrainingYesNoCorrective ActionYesInternal AuditingYesNoPreventive MaintenanceYes	S
4.	Please provide a list of goods and services that you provide to your customers	
5.	Is your quality system certified? If yes please provide a copy of the certificate and quality manual (If No provide a timeframe (in months) for certification to occur).	No
6.	Are customer requirements communicated to suppliers?	□No
7.	Is statistical process control implemented? If No why?	□No
8.	What is your recovery plan for supplier non-performance?	
9.	Is Weatherhaven permitted to perform on-site assessments of your vendors? If No why?	□No
10.	Are Inspections at your facility prior to shipment permitted?	□No
	Vendor Representative Vendor Position/Title	
Weatherhaven Use only		
Vendor Approved: Yes No Onsite Audit Required Yes No		
	Weatherhaven Quality Weatherhaven Supply Chain	