



Supplier Code \_\_\_\_\_

Supplier Name \_\_\_\_\_  
 Supplier Address \_\_\_\_\_

**Departmental Points of Contact**

Department	Name	Title
General Management		
Quality Control / Assurance		
Engineering		
Sales		
Production		
Accounting / Finance		
Purchasing		

**Process Data**

Subcontracted Services (List Below) and applicable specification performed in accordance with (if any).

Processes Performed	Specification

**Facility Information**

Yes <input type="radio"/> No <input type="radio"/>	Air Conditioning	Yes <input type="radio"/> No <input type="radio"/>	Humidity Control	Yes <input type="radio"/> No <input type="radio"/>	CNC Equipment
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**Personnel Information**

Number of Personnel: QC \_\_\_\_\_  
 Production \_\_\_\_\_

**Production Information**

Number of Shifts \_\_\_\_\_ Start / End of shifts \_\_\_\_\_  
 Survey Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions for completion:  
 Please answer the following questions concerning your Quality System and business operations. Indicate with an "X" or check mark ( ü) for the following responses:  
 "Yes", if you meet the requirements of the question  
 "No", if you do not meet the requirements of the question  
 "N/A", if the question is not applicable to your facility  
 We will maintain your completed audit on file. Please complete the audit and return it to:  
 Marvin Conway, Purchasing Manager  
 Custom Manufacturing Solutions, Inc.  
 479 Bellbrook Ave.  
 Xenia, Ohio 45385

Receiving Inspection and Stock Control		Yes	No	N/A	For CMS Usage Only
1	Do you have a system for positive control of limited shelf life items such as paint, rubber products, chemicals, etc.? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
2	Do you have a system to prevent mixing of items that look alike but are different prior to their being placed into stock? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
3	Do your inspection procedures provide for the criteria for acceptance or rejection of purchased materials or services? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
4	If 100% inspection is not performed, describe your sampling plan and method of AQL determination. Describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
5	Does your system ensure that raw materials can be traced to certifications and test results? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

Drawing and Specification Control

6	Does your system provide control over the preparation, storage and issuance of drawings and specifications? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
7	Are outgoing shipments of product checked for conformance against required document revisions? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

In-process and Final Inspection

8	Does your system ensure that P.O. / spec. requirements are communicated to those departments responsible for product quality (manufacturing, QC, Engineering)? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
9	Are inspection work instructions clear, complete and consistent with customer requirements? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

		Yes	No	N/A	For CMS Usage Only
10	Is acceptance criteria for acceptance / rejection of inspected product documented? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
11	Does your system ensure that records of all examinations and tests exist and that they provide the following: If yes, describe below each item.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
a	Nature and number of observations made?				<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
b	Number of items accepted or rejected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
c	Number of types of deficiencies found?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
d	Corrective action taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
12	Does your system support requirements for 100% inspection when required by the customer? If no, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
13	If 100% inspection is not required, describe the sampling plan used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
14	Are accepted or rejected materials properly identified to prevent unauthorized usage or shipment or rejected materials? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
15	Are completed items given a final inspection and test to ensure acceptable quality? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

		Yes	No	N/A	For CMS Usage Only
16	Does your system detect and prevent repetitive process discrepancies? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

Equipment and Calibration

17	Are gages, testing and measuring equipment, including test software, necessary to ensure that product meets technical requirements available? If no, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
18	Are company and personally owned testing and measuring equipment included in your calibration system for verification and recall? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
19	Do records exist of the calibrations of test and measuring equipment used? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
20	Do you show the calibration status of measuring and test equipment? If yes, describe how below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
21	Are your calibration standards traceable to the National Bureau of Standards? If no, describe the traceability below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

Product and Process Control

22	Are there holding areas adequate for the segregation and temporary storage of non-conforming materials? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
23	If customer source inspection is required per purchase order requirements, are all documents and reference data made available for review? If no, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
24	Are systems in place which ensure the safe handling of static sensitive devices (when required by contract)? If no, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

		Yes	No	N/A	For CMS Usage Only
25	Do you provide for properly identifying, segregating and disposal of non-conforming product? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.
26	When requirements exist, does your system support disfigurement of rejected materials to render them unusable before disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

Packaging

27	Are actions taken to assure that adequate packaging is provided to product shipments? If no, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

Quality System

28	What quality system specification are you compliant with:
<input type="checkbox"/> Mil I 45208 <input type="checkbox"/> Mil Q 9858	
<input type="checkbox"/> ISO 9000 Series (Document which and include a copy of Registration)	
<input type="checkbox"/> Other (Specify and include a copy of Registration)	

Right of Entry

29	Will you allow a CMS representatives or representatives of CMS customers access to your facility for the purpose or verification of product, processes or records? If no, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acc. <input type="checkbox"/> Rej.

Comments by Vendor


Evaluation (CMS usage only)


- Approved
- Disapproved

Evaluator's Signature

Date