



# QA/QC QUESTIONNAIRE for SUPPLIERS

<b>U.S. ITER QA</b>	<b>QA/QC QUESTIONNAIRE</b>	<i>Solicitation number:</i>
<b>Section 1 – General Information (for the Supplying Facility or Organization Responding to the Referenced Solicitation, i.e. “Seller”)</b>		
<p>1. Seller-Company Name:</p> <p>2. Address (street):</p> <p>3. City/State/Zip/Country:</p> <p>4. Telephone Number:</p> <p>5. Division or Subsidiary of:</p> <p>6. Principal products or services:</p> <p>7. Total personnel at Supplying Facility:</p> <p>8. Number of QA/QC Personnel:</p> <p>9. Check if facility quality system is based on:    ISO 9001,    NQA-1,    other</p>		
Seller's Responsible Manager		Seller's Quality Officer
<i>name</i>	<i>date</i>	<i>signature</i>
<i>name</i>	<i>date</i>	<i>signature</i>

## Section 2 – Contacts

	Title	Name	Telephone	email
10. Top Manager				
11. Quality Head				
12. Production or Project Head				
13. Contracts Contact				
14. Questionnaire Filled out by:				

## Section 3 – Facility Quality Program

	Yes	No	*
<i>*(put numbered comments on last page and check the right-hand box by the question)</i>			
15. Does your facility have a written QA Program or Quality Management System? <i>(if so, a description or full copy should be supplied)</i>			
16. Does your program include formally requesting deviations or waivers to customer specifications or drawings when needed?			
17. Is the customer formally notified when your product fails to meet specifications or tolerances, or is otherwise nonconforming?			
18. Are NIST-traceable calibration records available for measuring and test equipment?			
19. Does your facility have personnel who are certified under programs such as AWS or ASME for welders, Nondestructive Test Society for inspectors, or similar?			

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## Section 3 – Facility Quality Program

20. Does your facility maintain a list of qualified suppliers and subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Section 4 – Control of Materials

	Yes	No	*
21. Does your facility inspect incoming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does it have a system for identification and labeling of materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is there a system for identifying, segregating, and dispositioning nonconforming materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 5 – Process Planning and Control

	Yes	No	*
24. Does your facility normally create plans such as manufacturing, inspection and test plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Is an in-process tracking and recording system used, such as routing cards or travellers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 6 – Engineering Capability

	Yes	No	*
26. Does your facility have capability for producing shop drawings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does it have capability for NC programming?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your facility have 3D CAD capability? If so, please list software versions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Are customer specifications used to create shop specifications and inspection instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are drawings and specifications prepared for purchase orders and subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Are drawings and specifications kept up to date and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Are revisions reviewed for conformity to customer’s specifications and requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 7 – Product Inspection

	Yes	No	*
33. Does your facility have an in-process inspection function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does the facility provide a final inspection prior to shipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are the inspection functions separate from production?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Are written instructions, product specifications, and drawings used for the inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 8 – Other Considerations

37. List other aspects of your Quality System that we should consider in evaluating your program (Customer approval/awards, lean manufacturing, 6-Sigma and/or process improvement programs, etc.)			
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## Numbered Comments (attachments may also be used)