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Murrieta, CA 92563-2347  
Tele: (951) 926-2994

14192 Chambers Rd.,  
Tustin, CA 92780  
Tele: (714) 247-7100

6716 Industrial Ave,  
Port Richey, FL 34668  
Tele: (727) 247-3728

2710 Commerce Way  
Philadelphia, PA 19154  
Tele: (215) 842-3675

**SUPPLIER EVALUATION QUESTIONNAIRE**

**GENERAL INFORMATION**

<b>Company Name:</b>		<b>Contact Name:</b>		<b>Title:</b>	
<b>Email:</b>	<b>Phone #:</b>	<b>Fax #:</b>		<b>DUN #:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>		<b>Zip Code:</b>	
Are there other locations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please lists them on a separate sheet.					
Is there any intention to provide products or services to II-VI from an off shore location? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, please indicate which location.		

**KEY PERSONNEL**

<b>President:</b>	<b>General Manager:</b>	<b>Purchasing:</b>	<b>Sales Contact:</b>
<b>QA Manager:</b>	<b>QA Manager's email address:</b>		<b>QA Manager Reports to:</b>
Tech support available Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>References (customers II-VI A&amp;D can contact):</b>		

**REASON FOR SURVEY**

(Please check appropriate box):

<b>New Supplier:</b> <input type="checkbox"/>	<b>New Product:</b> <input type="checkbox"/>	<b>Certification:</b> <input type="checkbox"/>	<b>Re-evaluation:</b> <input type="checkbox"/>	<b>Other:</b> <input type="checkbox"/>
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**FACILITIES**

<b>Total Number of Employees:</b>	<b>Manufacturing:</b>	<b>Quality:</b>	<b>Engineering:</b>	<b>Administrative:</b>
<b>Year Established:</b>	<b>TYPE OF MANUFACTURING/SERVICES PROVIDED to II-VI:</b>			

**COMPANY QUALITY SYSTEM IS MAINTAINED IN ACCORDANCE WITH**

(Please check appropriate box):

<b>MIL-I-45208A</b> <input type="checkbox"/>	<b>ISO 9001</b> <input type="checkbox"/>	<b>AS9100</b> <input type="checkbox"/>	<b>ISO 13485</b> <input type="checkbox"/>	<b>Other:</b>	<b>ITAR Registered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**BUSINESS CLASSIFICATION** (please check appropriate box):

Small Business <input type="checkbox"/>	HubZone <input type="checkbox"/>	Women Owned <input type="checkbox"/>	Veteran Owned Business <input type="checkbox"/>	Small Disadvantaged Business <input type="checkbox"/>	Large Business <input type="checkbox"/>
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**IF YOUR COMPANY IS CERTIFIED TO ANY THE QMS STANDARD (ISO 9001, AS9100 or ISO 13485), STOP HERE AND PROVIDE A COPY OF YOUR CERTIFICATE.**

**IF NO, CONTINUE, AND COMPLETE QMS REQUIREMENTS LISTED BELOW.**

<b>Signature of Person that Completed this Survey:</b>	<b>Title:</b>	<b>Date:</b>
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	QMS Requirements	Yes	No	N/A	Comments
<b>II</b>	<b>Quality Management System</b>				
a	Do you have a quality management system, establish, document, implement, and maintain in accordance with quality standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Do you have a Quality Assurance Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Do the employees have access to quality management system documentation and are aware of relevant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>III</b>	<b>Management Responsibility</b>				
a	Do you have documented statements of quality policy and quality objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Does the management regularly review quality performance data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is the management review output documented and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IV</b>	<b>Control of Documents</b>				
a	Is there a procedure describing control of documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are the obsolete drawings, specifications, and procedures removed from the locations where they might be mistakenly used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Do you have a system of controlling incoming documentation changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Are the latest drawings, specifications and procedures available at point of use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V</b>	<b>Control of Records</b>				

	QMS Requirements	Yes	No	N/A	Comments
a	Is there a procedure describing control of records of quality management system such as work order router, receiving inspection data, process inspection data, test results, calibration records, audit reports, training records, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are the records of quality activities maintained per procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VI</b>	<b>Identification and Traceability</b>				
a	Is identification and traceability maintained throughout manufacturing processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VII</b>	<b>Purchasing</b>				
a	Do you have a procedure for supplier selection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Do your purchasing documents describe all requirements, inspection, testing, and packaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Does the quality assurance review the purchase orders for the inclusion of applicable requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Do you periodically review and evaluate your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>VIII</b>	<b>Customer Property</b>				
a	Do you have a system to ensure proper identification, storage, and segregation of customer supplied product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>IX</b>	<b>Control of Monitoring and Measuring Devices</b>				
a	Do you have a calibration procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are calibration records maintained for measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Are measuring and test equipment not calibrated identified and stored to preclude their use pending calibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>X</b>	<b>Internal Quality Audit</b>				
a	Do you have internal audit procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Do you maintain the results of internal audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is corrective action taken on nonconformance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>XI</b>	<b>Process Control</b>				
a	Do manufacturing process sheets exist, identifying operations, tests, and inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Is suitable equipment maintenance being performed to ensure continuing process capability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	What are the requirements of the company to prevent Foreign Object Damage (FOD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>XII</b>	<b>Control of Nonconforming Product</b>				

	QMS Requirements	Yes	No	N/A	Comments
a	Is there any procedure for control of nonconforming material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Are the records of nonconforming material kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Are all nonconforming material identified and segregated in assigned holding areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>XIII</b>	<b>Corrective Action</b>				
a	Is there any corrective action procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Is corrective action system documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Is follow-up taken and documented concerning effectiveness of corrective action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>XIV</b>	<b>Handling, Storage, and Shipping</b>				
a	Are there written procedures for handling, storage, and packaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Do you verify final packaging and marking prior to shipping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c	Do you have the methods of proper handling to prevent damage or deterioration in stores?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d	Do all materials stored have evidence of inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**APPROVAL STATUS (to be filled out by II-VI A&D)**

Approved?    Yes <input type="checkbox"/> No <input type="checkbox"/> (May require two signatures by II-VI A&D at the discretion of QMS Manager)		
<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
<b>Comments:</b>		