



Letterkenny Army Depot
1 Overcash Avenue
Chambersburg, PA 17201
Email: usarmy.letterkenny.usamc.mbx.dpa-supplier-support@army.mil

Supplier Quality Survey

Contact Information:

Company Name:

Address:

Website:

Cage Code:

E-mail:

Phone:

Point-of-Contact:

Fax:

Mailing Address (if different):

Company Name:

Address:

Products/Services:

Describe the types of products or services provided.

Applicable Federal Stock Class:

Individual in charge of Quality:

Name:

Title:

Phone:

Email Address:

Who does the individual in charge of Quality report to?

Name:

Title:

Is the head of the Quality Department responsible for other functions?

Yes

No

If Yes, give details:

Quality System & Certification:

Please provide a copy of the certificate for each standard to which you are registered:

NADCAP

ISO 9001

AS9100

AS9120

ASA100

ISO 17025

ANSI Z540-1

AC00-56

OTHER

***Certificate holders stop here, skip the questionnaire on page 2 and sign the Supplier Acknowledgment on page 3.**

If you do not hold a certification, please complete the rest of the survey, to include page 2.



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Supplier Quality Survey

Note: Certain questions may be marked "N/A" for Distributors and Repair Stations only.

	YES	NO	N/A
1) Has your company established processes needed for the quality management system?			
2) Are there established processes/procedures for identification of product and material during all stages of production?			
3) Does your company have procedures for reviewing customer orders?			
4) Is your company responsible for the design of your products & does your company have procedures to control design, and design changes?			
5) Does your company have a procedure in place for the prevention of counterfeit parts?			
6) Are your company's quality system documents under document control?			
7) Does your company monitor your vendor's performance?			
8) Are responsibilities and procedures for inspection defined in writing?			
9) Does your company keep records of inspections and tests you perform?			
10) Will you provide copies of raw material and process certification records with the completed product when specified in the controlling document?			
11) Does your company have written procedures to identify, record, segregate, and control non-conforming product and/or material?			
12) Is there a formal corrective action/prevention action procedure in place?			
If yes, does the procedure address external customer complaints and implemented corrective action?			
13) Does your company have written work instructions to control your production or service process?			
14) Does your company calibrate your inspection and test equipment at defined intervals and are they traceable to the National Institute for Standards & and Technology (NIST)?			
15) Do you retain records of calibration for a minimum of 2 years?			
16) If equipment used for conforming measurements is found significantly out of tolerance during calibration is there a method to identify affected product and notify LEAD of potential non-conforming product?			
17) Are personnel qualified based on appropriate education, training and or experience?			
18) Does your company conduct internal audits on a regular basis?			
19) Do you have a written policy that requires flow down or relevant purchase order requirements to sub-tier suppliers/contractors?			
20) Is there a designated contact person for issuing corrective action requests to your company?			
If "YES", provide information: Name: _____ Email: _____			



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Additional Comments:

Supplier Acknowledgement:

By signing below, you acknowledge that you have received and agree to comply with all mandatory flowdown requirements identified in DPA GU 21-03, Quality Clauses. Optional flowdown requirements, found in DPA GU 21-03, Quality Clauses, will be identified in applicable Request For Quote (RFQ), Purchase Order (PO) and/or Contract.

Name:

Position:

Date:

Signature: _____

Please Email Completed Survey and/or Certification(s) to:

usarmy.letterkenny.usamc.mbx.dpa-supplier-support@army.mil

FOR LETTERKENNY ARMY DEPOT INTERNAL USE ONLY

Production Engineering

Name:

Date:

Signature: _____

Product Assurance

Name:

Date:

Signature: _____