



F-840-001
Supplier Survey Form

Supplier Quality Survey Questionnaire

Name of Business:

Address:

Phone: _____

Type of Business: _____

Please answer all applicable questions.

1. YES / NO Is your company's Quality System accredited?

a) If yes, please supply a photocopy of your Quality Certificate, sign this form and return to


Arrowhead Global
22033 US HWY 19
Clearwater, FL 33765
FAX: 727-361-0105
EMAIL: quality@arrowheadglobal.com

b) If no, please complete this form.
2. YES / NO Is your company currently seeking certification?

If yes, to what Quality standard?

Management and Organization

1. YES / NO Is there a current organization chart? If yes, provide a copy.
YES / NO Does your company have a formal Quality Policy? If yes, please provide a copy.
YES / NO Does your company have a Quality Manual?
YES / NO Do you perform internal audits on your Quality System?
YES / NO Are the results of the audits reviewed by top management?
YES / NO Is there a system in place for corrective action?

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Contract (Purchase Order) Review

1. YES / NO Is a system in place for review of a customer purchase order for Terms and Conditions?

Document Control

1. YES / NO Are written work instruction and procedures provided to all employees performing work that can adversely affect quality?
2. YES / NO Are procedures in place to review and change documents and for the retrieval of obsolete documents?
3. YES / NO Is a vendor certification or approval system maintained?

Product Identification and Traceability


1. YES / NO Are products identified by a lot or batch numbering system?
2. YES / NO Can any lot number of the finished product be traced back to a lot numbers of the raw materials used to make the finished product?

Process Control

1. YES / NO Are process conditions and requirements documented?
2. Do Controlled conditions include documented work instruction for:
 - YES / NO * Product Procedures
 - YES / NO * Suitable Equipment
 - YES / NO * Applicable standard quality requirements
 - YES / NO * Process/Product Monitoring
 - YES / NO * Workmanship Criteria

Inspection and Testing

1. YES / NO Is there a system in place for the control of incoming materials?
2. YES / NO Are procedures and requirements for in-process inspection and testing documented?
3. _____ Who performs in-process and test?
4. YES / NO Are procedures and requirements for final inspection and testing documented?
5. _____ Who performs final inspection and test?
6. YES / NO Are procedures established to ensure all inspection and testing is completed before releasing the final product?

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7. YES / NO Do you offer a Certificate of Compliance and/or Traceability on a finished product?

Control of Nonconforming Products

1. YES / NO Are procedures documented and followed for control of non-conforming product at the time of incoming inspection, in-process inspection and final inspection?
2. YES / NO Is disposition of conformance recorded?
3. YES / NO Are repaired or reworked products always re-inspected for conformance to specifications prior to release?

Corrective Action

1. YES / NO Is a system defined and documented for investigation as to the cause of product non-conformance.
2. YES / NO Is a system in place to verify effectiveness of corrective action?
3. YES / NO Does your quality system ensure that all process, audits, service reports, customer complaints and quality records are analyzed to detect and eliminate potential causes of non-conformances?

Handling, Shipping and Storage


1. YES / NO Is there a system in place to prevent products from damage while in storage or shipping?
2. YES / NO Is the shelf life of your product defined?

Quality Records

1. YES / NO Are Quality records identified?
2. YES / NO Are procedures documented for the methods of storage, retention and disposal of quality records.
3. YES / NO Is all critical inspection, measuring and test equipment identified with a suitable indicator to show the calibration status?

Training

1. YES / NO Are training requirements defined and documented for all associates performing functions that impact quality.
2. YES / NO Is there some form of work certification/qualification system in

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place to ensure that only qualified employees will perform
functions that impact quality?

Signature and Title of person filling out this survey.

Date: _____

REV.	DATE	CHANGE REQUEST #	AUTHORIZED BY
A	11/1/18		CJ Anderson