



Supplier Evaluation Questionnaire

				Date:
Company Name:		Tel	ephone:	
Address:				Zip Code:
	Other Locations:			
Owner/GM Name:				
Company Point of Contact:				
Title:		Email:		
Years in Business: Years	at Current Location: Squa	are Footage:	Bui	lding:□ Lease □ Own
				Controls:
	Shifts 1 2 3 Weekene			Issues:
BY SHIFT	Annual Sales:		Ca	ge Code:
Number of Employees: Customer Industry Percentage Brea				
	Engineering:			QA/QC:
				· · · · ·
Do you have an FAA approved Drug			0010	Yes \Box No \Box N/A \Box
Please provide a copy of your curren		•	bec. and	
Drug and Alcohol Program: Plan Nu	-			
List procedure or standard your com				
Select Specification In Compliance	To: 🗆 AS6081 🛛 AS5553 🗆] AS6174 🗆 ISO12931	Other:	
Does your company have a part Obsolescence Program?				Yes 🗆 No 🗆 N/A 🗆
Does your company have an established Quality Management System?				Yes 🗆 No 🗆
List:		Certified By Acc	redited F	Registrar (Submit Copy)
Non-Certified Quality Systems: Do y LIST COMPANY CORE COMPETENCY, AND Manufacturing Assembly Sh	ADD ANY ADDITIONAL COMMENTS IN	THE BLOCK BELOW: ENSU	RE ALL QU	JESTIONS ARE ANSWERED
Supplier Representative	Name	Title		Date
TELED	YNE CONTROLS SUPPLIER G	UALITY DEPARTMEN	IT	1
APPROVAL:				
Approved	□ Limited	One Time Only		Approval Rejected
Survey Requested By:	Sur	vey Reviewed By:		