



Date:

Supplier Name:

Supplier Address:

Supplier Phone #

Supplier Fax #

Supplier Representative:

Third Party Certification: yes No

If Yes list Registrar:

Please attach copy of ISO certificate and skip questions 1 - 10

Supplier Type: Distributor

Manufacturer

For any areas indicated as NO, please explain in the comments section.

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does your company have a Quality manual approved by Management? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 2. Do you have a documented system for the control of Quality Management System records? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 3. Do you have a system for record retention? Note how long. | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 4. Do you have a documented system for conducting Internal Audits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 5. Do you have a documented system for the control of non-conforming products? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 6. Do you have a system to notify PKC, when non-conforming product was delivered? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 7. Do you have a system for addressing Corrective Actions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 8. Do you have a system for addressing Preventive Actions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |
| 9. Do you have a system for controlling and managing your inventory? | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |



Supplier Survey

F-840-001-A

10. Do you have a system to address your supplier's performance?

Comments:

11. May PKC visit your facility for scheduled audits and/or on-site inspections?

Comments:

12. Is top management committed to the continual improvement of your Quality system?

Comments:

Survey completed by:

Title:

Survey Date

This section only to be completed by PKC

Reviewed by:

Date:

Reviewed by:

Date:

Date for Re-Evaluation if Approved:

Approved: Yes No:

Explain Reason