



SUPPLIER QUALITY SURVEY

Date	
Company Name	
Address	
City, State, Zip Code	
Telephone	
Fax	
Website / E-mail	

BUSINESS TYPE US Government Classification (Click all that apply)

<input type="checkbox"/>	Small Business	<input type="checkbox"/>	Veteran Owned
<input type="checkbox"/>	Small Disadvantaged	<input type="checkbox"/>	Disabled Veteran Owned
<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Large Business
<input type="checkbox"/>	Distributor		

COMPANY ORGANIZATION

TITLE	NAME	CONTACT (E-mail & Phone)
CEO/President		
CFO/Finance		
Quality		
Production		
Procurement		
Engineering		
Sales		

COMPANY INFORMATION

Total # of Employees	
# of Manufacturing Employees	
# of Quality Employees	
# of Management Employees	
# of Engineering Employees	
Plant Area (Square feet)	
Number of Buildings	



COMPANY CORE COMPETENCIES

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QUALITY SYSTEM

Is your Quality System approved or registered by a third party? If so, please provide current certification number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a special processor, are you NADCAP accredited? If so, please provide current certification number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you comply with DFAR 252.225 preference for domestic specialty metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you supply product that was manufactured or contracted from “Conflict Minerals”, such as tantalum, tin, tungsten or gold that originated in the DRC or an adjoining country or came from scrap or recycled sources? (reference Dodd-Frank Act for more information: http://www.sec.gov/news/press/2012/2012-163.htm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization ITAR compliant to prevent transactions with denied persons/debarred parties, and specially designated nationals per the US Department of Commerce, Department of Treasury and Department of State?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your Quality System is not approved or registered by a third party, please include a copy of your Quality Manual and top-level procedures when returning this survey.

SUPPLIER SURVEY COMPLETED BY:

Print Name	Signature
Title	Date
Comments:	



3921 N. Bridgeport Circle
Wichita, KS 67219
Phone: 316-425-2579

REVIEW of SUPPLIER SURVEY (To be completed by Metal Arts)

<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Conditionally Accepted
Comments:

APPROVED BY:

DATE: