



Technology on the Cutting Edge

SUPPLIER QUALITY QUESTIONNAIRE FOR MASTERCUT TOOL'S SUPPLIERS

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SUPPLIER QUESTIONNAIRE

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ISS: 2

REV: 1

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REVIEWED BY:

Marie Shaluly

APPROVED BY:

Michael Shaluly

April 30, 2004

The purpose of this questionnaire is to evaluate a supplier's capability and to make sure that a quality system is in place. As a supplier or potential supplier to our company, your prompt response to this questionnaire is of utmost importance. Where a question does not apply to your organization, check-off the box identified as N/A.

Upon completion, please return this document to:

Mastercut Tool Corp.
965 Harbor Lake Dr
Safety Harbor, FL 34695

Attention: Quality Manager.

Questionnaire completed by:

(Type or Print Name)

(Title)

(Date)

(Signature)



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1.0 ORGANIZATION

1.1 Name of Company: _____
Mailing Address: _____
City: _____ Prov. or State: _____ Postal/Zip Code: _____
Country: _____ Telephone: () _____ Fax: () _____

1.2 Type of business: Manufacturer: Assembly shop:
Distributor: Service:

1.3 Current Status: Proprietorship: Partnership: Corporation:

1.4 What date was your organization established: _____
(Year/month/day)

1.5 If applicable, list the name of your parent company and any subsidiary below:
Parent: _____
Subsidiary: _____

2.0 PERSONNEL

2.1 Total number of employees:
Administration: _____ Engineering: _____ Production: _____ QA/QC: _____

2.2 Key Management Positions:
President or Gen. Mgr: _____
Quality Mgr: _____
Engineering Mgr.: _____
Production Mgr.: _____
Sales Mgr.: _____



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3.0 FACILITIES

3.1 Indicate the approximate square footage of:

Office: _____ Warehouse: _____ Shop: _____ Grounds:

3.3 Indicate which types of measuring units are used by your company:

Metric: Imperial: Both:

3.4 Does your facility shut down for vacation: Yes: No:

If yes, please state normal vacation schedule: _____

4.0 PRODUCTS/SERVICES

4.1 List the principal product(s) or service(s) sold, assembled, or distributed by your company:

Service/Product: _____

Service/Product: _____

Service/Product: _____

Service/Product: _____

5.0 CLIENTS

5.1 List three (3) major customers for which your organization has or is currently performing work:

Client: _____

Client: _____

Client: _____



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6.0 QUALITY SYSTEM

6.1 Does your organization have an established quality system?

Yes: No:

6.2 If yes, which standard does your system conform to:

- CSA Z299.1: AQAP-1: ISO 9001:1994 Q91: MIL-Q-9858:
- CSA Z299.2: AQAP-4: ISO 9002:1994 Q92: MIL-I-45208:
- CSA Z299.3: AQAP-9: ISO 9003:1994 Q93:
- CSA Z299.4: AQAP-13 ISO 9001:2000

If other, please specify: _____

6.3 How long has your quality system been established? _____

6.4 Has your quality system ever been audited and approved by any of your customers or a recognized jurisdiction?

Yes: No: N/A:

If yes, by whom? _____

6.5 Do any of your major customers perform surveillance or source inspection at your company? Yes: No: N/A:

6.6 Who within your organization, is the Quality Management Representative?

(Name) (Title)

6.7 How many inspectors does your organization employ? _____

6.8 Does your organization have a Quality Manual?

Yes: No: N/A:

If yes, please indicate its latest issue number, revision level and date below:

Issue: _____ Revision: _____ Date: _____

6.9 Does your organization have written Quality Procedures for the following:



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- Contract Review: Yes: No: NA
- Design Control: Yes: No: NA
- Document & Data Control: Yes: No: NA
- Purchasing: Yes: No: NA
- Control of Customer Supplied Product: Yes: No: NA
- Product Identification & Traceability: Yes: No: NA
- Process Control: Yes: No: NA
- Inspection and Testing: Yes: No: NA
- Control of Inspection, Measuring & Test Equipment: Yes: No: NA
- Inspection & Test Status: Yes: No: NA
- Control of Nonconforming Product: Yes: No:
NA
- Corrective & Preventive Action: Yes: No: NA
- Handling, Storage Packaging, Preservation & Delivery: Yes: No:
NA
- Control of Quality Records: Yes: No:
NA
- Internal Quality Audits: Yes: No: NA
- Training: Yes: No: NA
- Servicing: Yes: No: NA
- Statistical Techniques: Yes: No: NA

If your organization does not have an established Quality Management System, Please explain how does it handle:

Customer Complaint: _____

Customer Returns: _____

Are you going to be implementing a Quality Management System in the future? Yes: No:

Any known future changes within your organization? _____

