



Supplier Assessment Survey

General Information:

Company Name _____ Div. Of: _____
Address _____ City _____ St _____
Zip _____ Telephone _____ Fax _____
Website _____

Key Contacts:

Name/Email:

President / CEO _____
Distribution/Sales Manager _____
Quality Manager _____
Engineering Manager _____

Business Information:

Year established _____ D & B # _____
Public or privately owned?
List principal products or services:

Facilities and Personnel:

No. of buildings _____ Total square ft. _____ Leased / Owned *drop down*
Number of shifts per day _____ Normal days of operation per week _____
Annual shutdown? Yes No If so, when? _____
Total Number of employees? _____ QA personnel _____
Manufacturing employees _____
Union shop? Yes No If yes – Contract expiration date? _____

Quality Management System:

Is a documented, recognized quality system in use? Yes No
If yes, please specify standard and revision _____ Expiration Date _____
(Please attach a copy of your current certificate)

If a quality system is in place, survey is complete. Please sign, date and return.

Survey completed by: _____
Signature *Print Name*

Title: _____ Date: _____

If no quality system is in place, please answer these additional questions:

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Purchased Material Control:

Yes No N/A

- Do you have an incoming inspection department?
- Are documented inspection instructions available?
- Are records kept to show acceptance or rejection of incoming material?
- Do your suppliers keep a quality management system in place?
- Is sample inspection used?
- Is there a schedule for periodic calibration of testing / measuring equipment?
- Is nonconforming material identified and quarantined until disposition can be made?
- Is there an approved supplier list?

Raw Material Control :

Yes No N/A

- Are there documented procedures for material storage, release and handling?
- Do you maintain raw material lot traceability?
- Do you have controls to prevent use of nonconforming material?

Testing / Measurement Controls :

Yes No N/A

- Is testing / measuring equipment tagged to display dates of calibration and due date?
- Is calibration performed internally or externally? *Drop down box*

Manufacturing Controls :

Yes No N/A

- Do you have documented manufacturing process specifications?
- Is sample inspection used and records kept on file?
- Is corrective action taken to prevent the recurrence of defective material?

Product Inspection :

Yes No N/A

- Do you have a final inspection function?
- Is there a system for keeping drawings and specifications current?
- Is defective product identified and segregated until disposition is made?
- Is reworked product submitted for re-inspection?

For internal use only:

Peerless Electronics Inc. Final Review:

Approved: Yes No Conditional (see below)

Quality Assurance Dept.

Date

Conditional Approval Comments:

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