

New Supplier evaluation form

An AS9100 Quality Management System Initiative

The objective of this evaluation form is to determine a supplier's ability to provide products and/or services in accordance with TEMCO customer requirements.

The information provided by the Supplier shall be treated in the strictest confidence and will be used only for the purpose of selecting suppliers of products or services for TEMCO and shall not be divulged to third parties.

Section A			
Supplier Name:		Phone:	Date:
Supplier Address:			
Services TEMCO is looking to have considered from supplier.			
<i>Please provide the following Contact Information</i>	<i>Name</i>	<i>Email</i>	
Managing Director			
Finance Manager			
Quality Manager			
Key contact for TEMCO			
Please list Names of relevant subsidiaries and/or address's if Manufacturing or Invoicing is different from above:			
Please list CAGE code if applicable:			
Please state your payment terms available:			

Section B

1. Please check off all relevant certifications:
(Double click on check box)

AS9100 / ISO 9001

NADCAP

ITAR

DFAR/FARS

Other:

Please provide copies of all checked certifications and accreditations as applicable.

2. Is your company NIST compliant?

Yes

No

If Yes, at what level:

If No, please describe cyber security safeguards in place:

3. If sub-contracting is conducted: Do you sub-contract any of your work?
(If "Yes" answer sections A thru C below.)

Yes

No

A) Are full details of work specified in writing to subcontractors?

Yes

No

B) Have subcontractors been formally approved and is documented evidence available?

Yes

No

C) Is sub-contracting divulged to customers?

Yes

No

4. Is all the equipment used, either for monitoring, test or inspection calibrated and traceable to a national standard?

Yes

No

5. Does your company have a documented procedure for the handling of customer complaints?

Yes

No

6. Is there any legal or other restriction(s) as to where, when and to whom the products may be offered?

Yes

No

If yes, please describe:

7. Does the supplier give a guarantee on the product?

Yes

No

If yes, please describe:

8. Has your company (or subsidiaries) had any court rulings made against them?

Yes

No

If yes, please describe:

9. Have any of your officers of your company (or subsidiaries) been declared insolvent?

Yes

No

If yes, please describe:

10. Does the supplier give a guarantee on the product?

Yes

No

If yes, please describe:

Section C *(TEMCO only)*

Recommendation (select one): Approved Not Approved

Remarks towards recommendation :

TEMCO recommending personnel:

Name:		Title:		Date:	
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TEMCO Final approving authority: (General Manager, Vice President and/or President)

Name:		Title:		Date:	
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