



## SUPPLIER QUALITY SYSTEM SURVEY

Quality Assurance Manager  
Solid State Devices, Inc.  
14701 Firestone Blvd.  
La Mirada, CA 90638  
(562) 404-7855

Please complete this survey and return it to the address listed above or by email to the sender. If you have a registered Quality System (3<sup>rd</sup> party registered), please provide the information requested in questions 1 through 6 and the "Quality Records" section and return this survey and a copy of your Certificate back to SSDI.

If you do not have a registered Quality System, please complete the survey in its entirety and return it along with a copy of your Quality Manual and a current organizational chart back to SSDI.

### 1. Supplier

Address

Phone:

City

State

Zip Code

FAX:

Email Address

Website:

### 2. Type of Business and applicable Quality System and Calibration standards

utilized/implemented:

Distributor:

Services:

Manufacturer:

ISO9001

AS9100

MIL-Q-9858

MIL-I-45208

MIL-STD-45662

ANSI/NCSL Z540-1-1994

ISO/IEC 17025

ISO GUIDE 25

### 3. Management Personnel:

President/CEO:

Quality Assurance Manager:

Who does the QA Manager report to?

Engineering Manager:

Sales Manager:

ISO Certified

4. Type of Manufacturing, Service or Product:

5. Are you DESC Certified?                      Yes                      No

If yes, list the Test Methods

Total Plant Area Square Feet:

Number of Production Personnel:

Total number of employees:

Quality Personnel:

6. Percent of production that is: Commercial                      %, Government                      %

Other                      %

**QUALITY SYSTEM**

1. Has your quality system been surveyed recently by a major customer?    Yes                      No

If yes, list below:

Company	Date	Approval Status
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2. Has the Quality manual been effectively implemented?                      Yes                      No

3. Are you planning to become ISO 9000 certified?                      Yes                      No

Scheduled date:

**CONTRACT REVIEW**

1. Do you review contracts to ensure that requirements are adequately defined?  
Yes                      No

2. Does Quality Assurance participate in contract review to identify and evaluate quality requirements?  
Yes                      No

**DESIGN**

1. Is a Quality plan and/or traveler used?                      Yes                      No

2. Does Quality Assurance review manufacturing plans/travelers prior to implementation to establish appropriate inspection checkpoints?                      Yes                      No

**DOCUMENT CONTROL**

1. Do you control the following documentation?

Quality system documentation?                      Yes                      No

Standards?                      Yes                      No

Work Instructions?                      Yes                      No

Product Documentation?                      Yes                      No

2. Are changes to a document identified in some manner?                      Yes                      No

## **PURCHASING**

1. Do Quality Assurance personnel review purchase orders to assure the incorporation of applicable drawings, specifications and quality requirements?      Yes                  No
2. Do you have a procedure that you follow to assess your sub-contractors/suppliers?      Yes                  No
3. Is a list of approved suppliers maintained and periodically reviewed?      Yes                  No
4. Are audits performed of your suppliers?      Yes                  No
5. Are receiving inspection records maintained and analyzed for conformance to Quality requirements and the need for corrective action?      Yes                  No
6. Are certified test reports or certificates of conformance obtained for purchased material and periodically verified?      Yes                  No

## **PRODUCT IDENTIFICATION AND TRACEABILITY**

1. Are raw material and/or purchase part certifications maintained in a manner that provide traceability from a production lot or finished part back to the original purchasing documentation?      Yes                  No

## **PROCESS CONTROL**

1. Do you have documented workmanship criteria?      Yes                  No
2. Do you do maintenance of equipment to ensure continuing process capability?      Yes                  No
3. Do you have special processes?      Yes                  No  
Describe:
4. If special processing is outsourced, list the processes.
5. Is a periodic laboratory analysis performed to validate raw material?      Yes                  No

## **INSPECTION AND TEST**

1. Are inspection instructions that establish acceptance criteria available at all inspection operations?      Yes                  No
3. Is final inspection performed on all products?      Yes                  No

4. How do you ensure that no product is shipped prior to all activities having been successfully completed and the associated data and documentation is available and authorized?

5. Are final inspection results recorded and records retained?      Yes              No

6. Are inspection records available for on-site examination by customer representatives upon request?

Yes              No

7. Are Inspection stamps used?

Yes              No

If so, please place a sample impression in the space provided below.

### **CALIBRATION**

1. Has a calibration system been established and maintained?      Yes              No

2. Do you have a calibration procedure?      Yes              No

3. Are inspection gauges, measuring devices and test equipment inspected and recalibrated at specified intervals?      Yes              No

4. Is test and measuring equipment identified by decal or other means to indicate current calibration status?      Yes              No

### **CONTROL OF NONCONFORMING MATERIAL**

1. Do you have procedures to ensure product that is found to be nonconforming is identified, documented, evaluated, segregated and dispositioned and proper personnel notified?

Yes              No

2. Do you have means of identifying and segregating nonconforming material?

Yes              No

### **CORRECTIVE AND PREVENTATIVE ACTION**

1. Do you have procedures that establish and maintain how corrective and preventative actions are to be handled and implemented?      Yes              No

2. How are customer complaints and reports of nonconformities handled?

### **HANDLING, STORAGE, PACKAGING AND DELIVERY**

1. Does Quality check product shipping to verify conformance in handling, storage, packaging and delivery and proper paperwork?      Yes              No

**QUALITY RECORDS**

- |   |                                |                                    |
|---|--------------------------------|------------------------------------|
| 1. Do you have a procedure for the identification, collection, indexing, filing, storage, maintenance and disposition of Quality Records? | Yes                            | No                                 |
| 2. Are retention times of Quality records established?  | Yes                            | No                                 |
| 3. How long are Quality records maintained?   |                                |                                    |
| 4. If SSDI contract requires longer storage, is this available?   | Yes                            | No                                 |
| 5. Are they available to customers if contractually required?   | Yes                            | No                                 |
| 6. Please check the box next to the records your company maintains as “quality records”.  |                                |                                    |
| Management review   | Employee training              | Contract Review                    |
| Design  | Supplier approval & evaluation | Product traceability               |
| Calibration   | Internal Audits                | Nonconforming product              |
| Corrective action   | Preventive action              | Product process history (traveler) |

**INTERNAL AUDITS**

- |  |           |             |
|--|-----------|-------------|
| 1. Do you carry out Internal Quality Audits?   | Yes       | No          |
|  | Scheduled | Unscheduled |
| 2. Do you have a procedure for the internal audit program?   | Yes       | No          |
| 3. Do you maintain records of audit reports, corrective actions taken and effectiveness of those actions | Yes       | No          |

**TRAINING**

- |  |     |    |
|--|-----|----|
| 1. Do you have an employee training program? | Yes | No |
| 2. Do you maintain training records?         | Yes | No |

**STATISTICAL TECHNIQUES**

- |   |     |    |
|---|-----|----|
| 1. Do you utilize SPC?<br>If yes, please identify what areas it is applied                | Yes | No |
| 2. Do you utilize sampling inspection plans used?<br>If yes, identify when and type used. | Yes | No |

I certify that the above information is accurate and complete. Records to support some or all of the information provided above are available upon request.

Completed by:

Date:

Position/Title:

**FOR SSDI USE ONLY**

Status: Approved:

Not Approved:

Conditionally Approved:

Comments:

Reviewed by:

Date: