



183 Plains Rd.
Milford, CT, USA 06461
(203) 878-4618

SUPPLIER SURVEILLANCE REPORT

SUPPLIER NAME _____ DATE _____
ADDRESS _____ PHONE _____

SUPPLIER WEB SITE: _____

PRODUCTS/ SERVICES TO BE SUPPLIED TO SPECTRUM ASSOCIATES: _____

PRESIDENT/GM _____ CUSTOMER CONTACT _____ PHONE _____
EMAIL _____ EMAIL _____
NO. OF EMPLOYEES _____ QUALITY DIR. /MGR. _____ PHONE _____
NO. OF Q.C. EMPLOYEES _____ EMAIL _____
RECORD RETENTION (YRS.) _____ SQ. FT. OF BLDG(s). _____

NOTE: Please attach a minimum of three (3) credit references as well as the name and branch of your primary bank to this report. Return the completed report to the Purchasing Associate that requested the information.

DOES YOUR SYSTEM COMPLY WITH ANY OF THE FOLLOWING SPECIFICATIONS? PLEASE CHECK ALL THAT APPLY.
(IF YOU ARE CERTIFIED/REGISTERED TO ANY, PLEASE PROVIDE A COPY TO SPECTRUM)

AS9100 Rev. ___ _____ Compliant _____ Certified
ISO 9001: _____ _____ Compliant _____ Certified
NADCAP (LIST) _____
OTHER (LIST) _____

DOES YOUR COMPANY HAVE ANY SPECIAL PROCESSING CERTIFICATIONS (I.E. WELDING, ANODIZE, SOLDERING, DYE PENETRANT, ETC.)?
NO ___ YES ___ LIST IF YES _____

Please note that as a supplier to Spectrum Associates, you will be responsible for notifying us of any major status changes to your Quality Management System (QMS) and providing us with your latest certificate of registration for the QMS as well as the latest copy of any special process certifications. It will also be your responsibility to forward updated copies to Spectrum for our file.

Please complete the following. Be advised that your Quality Program can be subjected to audit by Spectrum Associates, our representative or our customer as part of the qualification process as well as at any time following qualification of your company.

1) PLEASE LIST YOUR TOP THREE (3) CUSTOMERS AND THE PERCENT OF CURRENT SALES:

<u>COMPANY</u>	<u>Percent of Current Sales</u>
_____	_____
_____	_____
_____	_____

2) HOW WOULD YOU RATE YOUR PROCESS CONTROLS?

(check one) None ___ Needs Improvement ___ Good ___ Excellent ___

4) a. WHEN YOU PURCHASE RAW MATERIALS, DO YOU REQUIRE CERTIFICATIONS THAT YOU KEEP ON FILE AND MAKE AVAILABLE FOR CUSTOMER REVIEW?

YES ___ NO ___ N/A ___

5) HOW WOULD YOU RATE YOUR SYSTEM FOR IDENTIFYING MATERIAL THROUGHOUT YOUR PROCESSES? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

6) HOW WOULD YOU RATE YOUR WORK INSTRUCTIONS FOR YOUR PROCESSES? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

7) HOW DO YOU RATE YOUR PROCESS FOR THE FOLLOWING INSPECTIONS? (check one)

RECEIVING INSPECTION: None ___ Needs Improvement ___ Good ___ Excellent ___

IN-PROCESS INSPECTION: None ___ Needs Improvement ___ Good ___ Excellent ___

FINAL INSPECTION: None ___ Needs Improvement ___ Good ___ Excellent ___

8) HOW DO YOU RATE YOUR SYSTEM FOR IDENTIFICATION AND PERIODIC CALIBRATION OF MEASURING EQUIPMENT TRACEABLE TO THE NIST? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

9) HOW DO YOU RATE YOUR CORRECTIVE ACTION/PREVENTIVE ACTION PROCESSES? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

10) HOW DO YOU RATE YOUR CONTRACT/ PURCHASE ORDER REVIEW PROCESS FOR ALL REQUIREMENTS THAT APPLY? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

11) HOW DO YOU RATE YOUR DOCUMENT CONTROL SYSTEM INCLUDING CUSTOMER SPECIFICATIONS, PROCESS DOCUMENTS AND TECHNICAL DRAWINGS? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

12) HOW DO YOU RATE YOUR SYSTEM FOR PROPER HANDLING AND STORAGE OF MATERIALS THROUGHOUT YOUR PROCESSES INCLUDING IDENTIFICATION, CONTROL OF AGE SENSITIVE MATERIAL, AND FIRST IN FIRST OUT?

None ___ Needs Improvement ___ Good ___ Excellent ___

13) HOW DO YOU RATE YOUR SYSTEM TO ENSURE PRODUCTS ARE PACKAGED AND HANDLED PROPERLY TO PREVENT DAMAGE WHILE IN TRANSIT? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

14) HOW DO YOU RATE YOUR SYSTEM FOR PROJECT AND PRODUCT REALIZATION PLANNING? (check one)

None ___ Needs Improvement ___ Good ___ Excellent ___

15) WHAT IS YOUR AVERAGE ON TIME DELIVERY TO YOUR CUSTOMERS OVER THE PAST 12 MONTHS IN PERCENT? _____



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16) WHAT IS YOUR AVERAGE PRODUCT RETURN RATE (REJECTIONS) OVER THE PAST 12 MONTHS IN PERCENT? _____

17) ARE YOU PARTICIPATING IN ANY JUST IN TIME PROGRAMS?
YES _____ NO _____

18) RATE YOUR SYSTEM FOR CONTINUOUS IMPROVEMENT. (check one)
None ___ Needs Improvement ___ Good ___ Excellent ___

19) HOW DO YOU RATE YOUR PROGRAM FOR PREVENTIVE MAINTENANCE OF EQUIPMENT? (check one)
None ___ Needs Improvement ___ Good ___ Excellent ___

20) HOW DO YOU RATE YOUR PROGRAM FOR SPECIAL DELIVERY REQUIREMENTS? (check one)
None ___ Needs Improvement ___ Good ___ Excellent ___

21) HOW DO YOU RATE YOUR BUSINESS CONTINGENCY PLAN? (check one)
None ___ Needs Improvement ___ Good ___ Excellent ___

PERSON RESPONSIBLE FOR COMPLETING THIS FORM:			
_____	_____	_____	_____
Name	Title	Email	Date

SPECTRUM USE ONLY:	
Accept _____	
Conditional Acceptance - Corrective Action Required _____	
Reject – End Qualification Process _____	
COMMENTS:	
REVIEWED BY: _____	
Name	Title
_____	Date

Please submit the completed form to the Spectrum Purchasing Dept. at
supplierinfo@spectrumct.com