



Supplier Questionnaire

Dear Valued Supplier,

This questionnaire is used for the assessment and approval of quality systems of suppliers of Hy-Speed Machining.

- Please **COMPLETE BLANK** data fields beside shaded areas and notes required in shaded area where applicable.
- Please submit current copies of applicable certifications along with the completed questionnaire.
- Please **sign** and **date** **SECTION 4 and SECTION 6** *if applicable* for the document to be accepted.
- Our supplier survey cycle is every two years.
- Return via one of the following methods:
SCAN: rachels@hyspeedmachining.com

MAIL: Hy-Speed Machining, Inc.
353 California Ave.
Grants Pass, OR. 97526
541.476.0769

Click the following link for Supplier Quality Clauses - <https://hyspeedmachining.com/suppliers/>



Supplier Questionnaire

SECTION 1. COMPANY PROFILE

Name of the Company	
P.O. Box	
Street	
City, State, Zip Code	
Country	
Phone	
Fax	
Website Address	

Additional Company Locations Product May Originate From (Complete if Applicable)	
P.O. Box	
Street	
City, State, Zip Code	
Country	
Phone	
General Information	
Number of years at Current Location?	
Have you ever operated under a different name?	
If YES:	

SECTION 2. COMPANY CONTACTS

Contact	Name	Title	E-Mail	Phone
President/Owner				
Quality Management Representative				
Sales/Service Representative				

SECTION 3. COMPANY TYPE for PROCESS CAPABILITY and/or PRODUCT (Select all that are applicable)

Type		Process/Product			
Manufacturer	<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Machining	<input type="checkbox"/>
Distributor	<input type="checkbox"/>	Anodizing	<input type="checkbox"/>	Material	<input type="checkbox"/>
Services	<input type="checkbox"/>	Brazing	<input type="checkbox"/>	NDT Lab	<input type="checkbox"/>
Repair Station	<input type="checkbox"/>	Calibration	<input type="checkbox"/>	Raw Material	<input type="checkbox"/>
Broker	<input type="checkbox"/>	Custom Parts	<input type="checkbox"/>	Surface Treatment	<input type="checkbox"/>
Other:		Deburr	<input type="checkbox"/>	Test Lab	<input type="checkbox"/>
		EDM	<input type="checkbox"/>	Welding	<input type="checkbox"/>
		Grinding	<input type="checkbox"/>		<input type="checkbox"/>
		Other:	<input type="checkbox"/>		<input type="checkbox"/>

SECTION 4. CERTIFICATION

Select Applicable Certifications – Attach all current certifications with the returned documents.					
AS9100D cert#	<input type="checkbox"/>	ISO9001	<input type="checkbox"/>	Nadcap AQS Exp date:	<input type="checkbox"/>
Nadcap Chemical Processing	<input type="checkbox"/>	Nadcap NDT	<input type="checkbox"/>	Other ISO/EN/AS	<input type="checkbox"/>
Nadcap Heat Treat	<input type="checkbox"/>	AS6279	<input type="checkbox"/>	Other Process: <i>Please list</i>	<input type="checkbox"/>
List Boeing Approvals:			<input type="checkbox"/> Boeing approved		

NOTE: If certified to AS9100D or ISO 9001:2015 do not complete section 5

Please answer the following questions regarding your Quality System and sign below.

- Does your company have a Counterfeit Program in place YES or NO
- Is the program in place flowed down to sub-tier suppliers YES or NO

NADCAP certification only, still requires completion of section 5.

Please review then sign and date the statement below and include your certification document(s) *Thank you!*

Hy-Speed Machining, Inc. requires suppliers to meet, as a minimum, the requirements of AS9100D, or equivalent. By completing this form and signing below, the person having executive authority certifies that the company listed above maintains a quality system that meets or exceeds the requirements of the latest revision in effect at the time of this signature.

Signature:

Date:

Click or tap to enter a date.

Title:

SECTION 5. QUALITY MANAGEMENT SYSTEM

Quality Management System	Response (Yes, No, N/A)
1. Does the supplier have a Quality Manual or formal system in place to ensure effective product and process development for products including establishment of milestones for key activities?	Select
2. Is there a procedure for maintaining external documentation, i.e., Specs, Stds, etc.?	Select
3. Does your company have a Counterfeit Program in place?	Select
4. Is the program in place flowed down to sub-tier suppliers?	Select
Contract Review	
5. Is there a formal review of contracts to identify and incorporate all customer requirements into the manufacture, maintenance, and inspection process?	Select
Procurement Control	
6. Are certified test reports and/or certificates of conformance (CofC) required by purchase orders?	Select
7. Are (sub-) suppliers given defined expectations for quality and measured against them? Does this include involvement in new products/programs?	
Incoming Inspection	
8. Does Receiving Inspection check incoming material to requirements of the purchase order, referenced specifications and/or applicable drawings?	Select
9. Are there procedures for the control and issuance of material?	Select
10. Are materials handled and stored in such a manner as to prevent damage?	Select
In-Process Control	
11. Do written procedures exist for in-process control of fabrication and manufacturing processes?	Select
12. Is non-conforming material promptly identified and segregated?	Select
13. Does the quality of material/parts to be supplied meet objectives: must measure and be able to provide evidence no older than 2 months if requested? ➤ OTD ≥ 95% ➤ Out of Box Failure (complaints) ≤ 3% Answer NO if unknown or not monitored, and if answered N/A explain below:	Select
14. Is there a documented change control process and are you aware of what Hy-Speed's requirements are regarding changes? For example, what changes need to be communicated, how will they be communicated, who has approval authority, etc? Control of Changes includes changes to: Key Personnel, processes, engineering drawings / prints / specifications, sub-tier suppliers, location changes etc.	Select
Final Inspection & Test	
15. Is final inspection and/or test performed by or under the surveillance of Quality?	Select
16. Is there a formal written procedure for implementing drawing and specification changes?	Select
Equipment Maintenance and Calibration Control	
17. Is there an effective system for maintenance and control of measuring systems, gages, and tools to ensure gauge accuracy is known throughout the production timeframe?	Select
18. Is there an effective maintenance program established?	Select

Control of Non-Conforming Material	
19. Do written Procedures or effective system exist for: a. Non-Conformance Reports b. Identification of Discrepant Material c. Segregation of non-conforming material e. Re-test, inspection of reworked material g. Control of Scrap material	Select
Training	
20. Is there a training program in place to initially train and update employee knowledge and skills?	Select
21. Is there an ongoing training record on file for each employee performing activities affecting quality?	Select

SECTION 6. COMPLETION

Questionnaire Completed By (Name)	
Position/Title	
Email	
Phone	
Date	

SECTION 7. TO BE COMPLETED BY HY-SPEED MACHINING

Reviewed & Approved By (Name)	
Position/Title	
Supplier Quality Risk	Select
Date	
Supplier Approval	Select Comments: