



501 TechneCenter Drive Suite B | Milford, Ohio 45150

Supplier Self-Assessment

SECTION 1 (All suppliers)

Company Name:	Company Address:
Contact Name:	
Phone No:	Fax No:

SECTION 2 (All suppliers)

Y N N/A

Do you have a quality system in place ?			
Is your quality system certified ?			

If you answered YES to both questions, please include a copy of your certification with this survey and skip to Section 4.

SECTION 3 (Suppliers with no quality system certification)

Y N N/A

Do you have a Quality Manager? If yes, name:			
Is a final inspection plan in place for product supplied to Mil-Air?			
Do you use statistical control during production?			
Do you have a supplier control system in place?			
Do you have a continuous improvement system in place?			
Do you have a system in place to handle customer complaints?			
Can we or our customer visit your facility, if required?			
Do you have a plan to become certified? If yes, when:			

SECTION 4 (All suppliers)

Completed By:	Title:
Phone Number: (If different than section 1)	Fax No: (If different than section 1)

SECTION 5 (Mil-Air use only)

- Supplier is approved for use with rating of 1 to 10 (10 is highest rating): _____
- Supplier is not approved for use.
- Supplier is conditionally approved (on-site survey required).

Comments:	
Reviewed By: (signature)	Date: