ALS-U supplier quality evaluation survey

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1 REVISION HISTORY

Rev.	CM Number	Description of Change
A		Initial release
B		Updated the calibration requirements

2 ABBREVIATIONS AND ACRONYMS

ALS	Advanced Light Source
ALS-U	Advanced Light Source Upgrade
LBNL	Lawrence Berkeley National Laboratory

3 PURPOSE

In an effort to assist the ALS-U vendor evaluation process, this questionnaire was developed to learn about the quality systems of a potential fabricator or supplier. This questionnaire was designed to be utilized as an initial survey of a supplier's quality systems. It is not necessarily a substitute for a formal on-site supplier evaluation. This questionnaire is to be completed and returned by the supplier.

4 GENERAL INFORMATION

Company Name _____

Company Address _____

Telephone Number _____

Production Manager _____

Quality Manager _____

How many additional employees perform QA/QC functions besides Quality Manager?	
Is your facility capable of working more than one shift?	YES NO
If yes, how many.	
Please list any Quality Assurance registrations, certifications, or distinctive awards (examples: ISO 9000, Mil-Specs, Six Sigma process controls, etc.)	
Does your calibration program meet the standard? (Examples: ISO/IEC 17025, (ANSI)/NCSL Z540-1-1994, ANSI/NCSL 540.3-2006, etc.) If yes, please provide the supporting materials	

5 QUALITY MANAGEMENT SYSTEM

Is there a written QA Plan or QA Program?		YES NO
If yes, please attached it to the survey		
Are QA processes, and inspection functions audited by your QA organization?		YES NO
If yes, please indicate frequency		
Is personnel training provided?		YES NO
Is there a process to ensure personnel are properly qualified?		YES NO
Is there a procedure for document control and records management?		YES NO
If yes, please describe the procedure briefly or provide examples		
Are there any certifications under any other licensing or qualification program? (AWS-ASME Welder Qualifications, Nondestructive Test Society, etc.) If yes, please list them below		YES NO
Is there a system for disposition of nonconforming materials?		YES NO

6 CONTROL OF PURCHASED ITEM

Do you qualify suppliers and subcontractors?	YES NO
If yes, please attach supporting documents	
Do you visit the subcontractor's plant facilities?	YES NO
Are your suppliers' test reports and records checked for acceptability?	YES NO
Are incoming materials inspected?	YES NO
If yes, please attach supporting documents	
Is there a system for identification and labeling of materials?	YES NO
Is defect material identified and segregated?	YES NO
Is reworked material re-inspected?	YES NO
Is space for storage and control of materials allocated?	YES NO
Are records kept showing the acceptance, rejection, or disposal of material?	YES NO
If yes, please attach supporting documents	

7 PROCESS CONTROL

Is there a process inspection role?	YES NO
Do you have a system for reviewing new process specifications and inspection instructions?	YES NO
Do you have an in-process control and recording system for work activities (e.g. job travelers)?	YES NO
If yes, please attach supporting documents	
Do you have capability for producing shop drawings, tooling design?	YES NO
Are customer specifications interpreted into shop specifications and inspection instructions?	YES NO
Are drawing and specifications prepared for purchase orders and subcontractors?	YES NO
Are revisions reviewed for conformity to customer's specifications?	YES NO
If yes, please describe how and identify the person responsible for this function:	
Are calibration records available for gages and instruments?	YES NO
If yes, please attach supporting documents	
Is there a final inspection step before delivery to the customer?	YES NO
Does the organization have final inspection function separate from production function?	YES NO
Are written inspection instructions, product specifications, and/or drawings available?	YES NO
Who reviews these and how often are they updated?	
Do you regularly communicate with customer during fabrication?	YES NO
If yes, how often do you communicate	

Do you consider corrective action or matters resulting from customer complaints	YES NO
How do you respond to them	
Is there a continuous improvement plan for QA program	YES NO
If yes, please describe the main strategies	

Prepared by	Title	Date

PLEASE ATTACH ANY ADDITIONAL SUPPORTIVE DOCUMENTATION OR INFORMATION ABOUT YOUR ORGANIZATION'S QUALITY PROGRAM
(Example: QA Plan, Listing of QC capabilities, travelers, tags, NCR format, etc.)