

New Part/New Supplier Evaluation Form

Section A: General Company Information and Quality System Status

Company Name: _____

Company Address: _____

Company Primary Contact: _____ Title: _____

Company Phone: _____ Company Fax: _____

Description of Major Products or Services:

Lead Times: Standard _____ Custom _____

Minimum Order Quantity: _____ Material is packed by: Piece Count or Weight

Dates of Scheduled Plant Shutdowns : _____

Do you have a Quality System in place at your facility? YES NO

Do you have a Quality Procedures Manual? YES NO

Is your facility registered to a Quality Standard (i.e. ISO 9001, AS9100, etc.)? YES NO

Is your facility FAA Repair Station (with drug/alcohol abatement program)? YES NO

If yes, please provide a copy of your Certificate(s) with your response to this Survey

Briefly describe your inspection program/activities: _____

Briefly describe your Calibration program: _____

Do you have a system for responding to Customer Complaints? If so, please describe:

For Saint Gobain Ravenna, OH Internal Use Only: General Company and Quality System Approval:

Quality Manager signature: _____ Date: _____

Purchasing Manager signature: _____ Date: _____

If the General Company and Quality System Information have been accepted, add the supplier to the Approved Supplier List on a Conditional Basis until Section B of this form is completed and reviewed.

SUPPLIER APPROVAL/EVAUALTION SHEET

Section B: Quality Assurance Requirements

Contingent Orders and/or Quality Assurance Inspection Results:

Trial Number Results/Comments Accepted By:

1

2

Special Quality Assurance Requirements:

Quality Assurance Approval:

Quality Manager signature: _____ Date: _____

Purchasing Manager signature: _____ Date: _____

If the General Company and Quality System Information and Quality Assurance Requirement Sections have been accepted, the supplier can be taken off Conditional Status and officially added to the Approved Supplier List.

Comments (for Saint Gobain use only)