

Supplier Survey

INSTRUCTIONS: Section 1: Filled out by the Supplier. Section 2: Completed by SDL representatives.

SECTION 1: SUPPLIER INFORMATION

Supplier Name	Supplier Name	Supplier POC/Title	Supplier POC/Title
Supplier Address	Supplier Address	Phone Number	Phone
Remit-To Address	Remit-To Address	Email	Email
NAICS Code	NAICS Code(s)	Website	Website
Cage Code	Cage Code	DUNS	DUNS
# Years in Business	Years in Business	Business Size	i.e. Small, Large, Woman Owned, etc. List all that apply.

Part A: Supplier Type

Check as many categories and subcategories as applicable (definitions available in Section 1, Part E)

<input type="checkbox"/> EEE Components	<input type="checkbox"/> Printed Circuit Boards	<input type="checkbox"/> Mechanical Components	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Distributor <input type="checkbox"/> Authorized <input type="checkbox"/> Broker <input type="checkbox"/> Independent <input type="checkbox"/> Mixed <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Other Define Other	<input type="checkbox"/> Manufacturer <input type="checkbox"/> PCB/PWB <input type="checkbox"/> PWA	<input type="checkbox"/> Distributor <input type="checkbox"/> Authorized <input type="checkbox"/> Broker <input type="checkbox"/> Independent <input type="checkbox"/> Mixed <input type="checkbox"/> Manufacturer <input type="checkbox"/> Manufacturer's Rep <input type="checkbox"/> Other Define Other	Comments

Part B: Quality Management System (QMS)

Provide documentation to SDL for all items checked in this section.

Certification	Expiration Date
<input type="checkbox"/> ISO 9001	Date
<input type="checkbox"/> AS9100	Date
<input type="checkbox"/> AS9120	Date
<input type="checkbox"/> OTHER (Please specify: Define Other)	Date

If you are certified to one of the QMS listed in Part B, skip Part C.

RETURN FORM TO:
1695 North Research Park Way
North Logan, UT 84341-1947
Phone: (435) 713-3788
Email: purchasing@sdl.usu.edu

DOCUMENT NUMBER: QF0604
REVISION: H
DATE: FEBRUARY 28, 2020

Part C: Alternative QMS

<i>Please answer the following and provide documentation where applicable. If you are certified to one of the QMS listed in Part B, skip Part C.</i>	Yes	No
Documented Quality Management System	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management Program	<input type="checkbox"/>	<input type="checkbox"/>
Document retention and revision control	<input type="checkbox"/>	<input type="checkbox"/>
Documented Counterfeit Mitigation and Awareness Program (AS5553 or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>
Management conducts scheduled and documented reviews of the quality system	<input type="checkbox"/>	<input type="checkbox"/>
Utilize procedures, instructions and/or inspections to ensure product conforms to specific requirements	<input type="checkbox"/>	<input type="checkbox"/>
Documented procedures address nonconforming materials and controls as well as Corrective Action	<input type="checkbox"/>	<input type="checkbox"/>
Willing to support SDL and/or SDL customer site audits	<input type="checkbox"/>	<input type="checkbox"/>

Part D: Other

Please answer the following and provide documentation to SDL for items checked Yes, as applicable.

	Yes	No	Additional Information
Accept DPAS Rated Orders	<input type="checkbox"/>	<input type="checkbox"/>	Comments
ITAR Registered Facility	<input type="checkbox"/>	<input type="checkbox"/>	Date
NIST SP 800-171 Compliant (CMMC)	<input type="checkbox"/>	<input type="checkbox"/>	Date Level
NADCAP	<input type="checkbox"/>	<input type="checkbox"/>	Date Category
IPC-1710	<input type="checkbox"/>	<input type="checkbox"/>	Date
ANSI S20.20	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Experience in NASA and IPC electronic workmanship standards	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Other (Describe in Comments)	<input type="checkbox"/>	<input type="checkbox"/>	Comments

Part E: Definitions

Authorized (Franchised) Distributor: A distributor that purchases parts with the intention to sell and redistribute them back into the market. Purchased parts are obtained from an Original Component Manufacturer (OCM) product within the terms of an OCM contractual agreement. Contractual Agreement terms include, but are not limited to, distribution region, distribution products or lines, and warranty flow down from the OCM.

Broker Distributor: A type of Independent Distributor that works in a "Just in Time" (JIT) environment. Customers contact the Broker Distributor with requirements identifying the part number, quantity, target price, and the date required. The Broker Distributor searches the industry and locates parts that meet the target price and other Customer requirements. Broker Distributors do not have contractual agreements or obligations with OCMs.

Custom Fabrication: Producing an item that is unique or specific.

Distributor: Purchases parts with the intention to sell and redistribute them back in to the market.

Electrical, Electronic, and Electromechanical (EEE): Electrical, electronic, and electromechanical parts are components designed and built to perform specific functions, and are not subject to disassembly without destruction or impairment of design use. Examples of electrical parts include resistors, capacitors, inductors, transformers, and connectors. Electronic parts include active devices, such as monolithic microcircuits, hybrid microcircuits, diodes, and transistors. Electromechanical parts are devices that have electrical inputs with mechanical outputs, or mechanical inputs with electrical outputs, or combinations of each. Examples of electromechanical parts are motors, synchros, servos, and some relays.

Independent Distributor: A distributor that purchases parts with the intention to sell and redistribute them back into the market. Purchased parts may be obtained from Original Equipment Manufacturers (OEMs) or Contract Manufacturers (typically from excess inventories), or from other Distributors (Franchised, Authorized or Independent). Resale of the purchased parts (redistribution) may be to OEMs, Contract Manufacturers, or other Distributors. Independent Distributors do not normally have contractual agreements or obligations with OCMs.

Manufacturer: A person or company that makes goods for sale.

Manufacturer Representative: an individual, sales agency or company that sells a manufacturer's products to wholesale and retail customers.

Mixed Distributor: Any combination of the three types of distributors; Authorized, Independent and Broker.

Service Provider: An independent third party that performs an "outsourced process" that may include but is not limited to storage service providers, contract manufacturers, calibration services, testing services, etc.

SECTION 2: ASSESSMENT OF SUPPLIER

This section will be completed by SDL representatives.

Assessment Type:	<input type="checkbox"/> New Supplier	<input type="checkbox"/> Revalidation	Date:	Date
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Part A: Verification

	Yes	No	Additional Information		
Verified Debarment Status via SAM.gov	<input type="checkbox"/>	<input type="checkbox"/>	Explanation		
Verified Business Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SAM.gov	<input type="checkbox"/> SBA.gov	<input type="checkbox"/> Business Status Certificate

Part B: Limitation/Risk

Note: This section is not required if Section 1 Part B and/or C are filled out satisfactorily.

	Yes	No	N/A	If Yes, add limitation/scope of approval to the Supplier List
Limitation/Scope of Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments

Level of Risk communicated and documented to:	<input type="checkbox"/> Program Manager <input type="checkbox"/> QA Manager <input type="checkbox"/> Other, please specify: Specify
Approval to proceed with purchase granted by:	

Per QW0602 5.2.5.1, this section will be completed upon receipt of product. Provide information such as answers to the following questions and expand as necessary. Supplier placed in a pending status until questions are satisfied.

	Yes	No	N/A	Additional Information
Do they deliver on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Do they meet our requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Is their product/services of high quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Do they communicate with you effectively/regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Are their products/services clearly and properly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Are all products and materials traceable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Additional Comments	Comments			

Part C: Status

<input type="checkbox"/> APPROVED	<input type="checkbox"/> PENDING	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED WITH LIMITATION
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Part D: Signature

	Signature	Date
Procurement/Subcontract Office		Date
Quality Assurance Office		Date