

ACCUTURN MANUFACTURING COMPANY

SUPPLIER SURVEY FORM

Sales POC:

Email:

Ph#:

Supplier Information	Survey Information (ACCUTURN USE ONLY)
Company Name:	Survey Received Date:
Address:	Survey Reviewed By:
City: State: Zip:	Survey Reviewed Date:
Tel#: Website:	Recommend _____ Cond. _____ Not Rec. _____
Years of Experience:	
Type of Service/Product:	C/A Report Required: Yes _____ No _____ C/A No: _____

Facility Information

Plant Sq. Ft:	No. Buildings:	Office Sq. Ft:	Mfg. Sq. Ft:
Mfg. Personnel:	QA Personnel:	Total Personnel:	Facility Appearance Good ___ Fair ___ Poor ___
ISO 9001 _____ AS9100 _____	NIST 800-171 Compliant _____ ITAR Compliant _____	OEM Approved Supplier _____ If yes, please list which OEMs _____	Other _____

Key Supplier Personnel

CEO/President:
Sr. Quality Official:
Other Key Personnel:

General Quality Assurance Information

Documented Quality System: Yes _____ No _____ Complies With:
Calibration System: Yes _____ No _____ Complies With:
Software Quality Assurance System: Yes _____ No _____ Complies With:
Primary Customers:
Third Party Registrations/Certificates:
Government QA Cognizance? Yes _____ No _____ Resident _____ Non-Resident _____

Comments or Any Other Information

NOTE: ACCEPTANCE OF AN ACCUTURN MFG. CO. PURCHASE ORDER GRANTS THE RIGHT OF ENTRY BY OUR PERSONNEL, CUSTOMERS OR REGULATORY AGENCIES REPRESENTATIVES TO REVIEW ANY PRODUCT OR RELATIVE RECORDS.

Please upload this filled out form onto our website on our Suppliers Page with proof of your quality certifications and any other certifications your company may have. Also, please upload your capability statement. If you are having difficulty uploading the documents onto our website, please send them to info@accuturnmfg.com.