



FORM-14.0013

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SECTION I: COMPANY INFORMATION

Legal Firm Name:		Tax ID:		Today's Date (mm/dd/yyyy):	
Products/Services Provided:		Business Phone#:		Fax#:	
Website:		Business Email:		Hours of Operation (include time zone):	
Street Address & Suite/Unit#:		City:		State (Country if Non-US): Zip/Postal Code:	
Date of Establishment (mm/yyyy):		State:		Business Type (check all that apply.): Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Other (please describe) <input type="checkbox"/>	
Date Incorporated (mm/yyyy):		Years in Business:			
Is your business unionized? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, name the union:			
Annual Sales Volume (USD):		Approximate Plant Square Footage:		# of Employees: # of Shifts:	
# of Buildings Owed <input type="checkbox"/> Leased <input type="checkbox"/>		Do you have annual shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, specify when:	

SECTION I.A: KEY PERSONNEL

1	President/CEO Name:	Email Address:	Phone#:	Contact for Order Placement? <input type="checkbox"/>
			Ext.	
2	Plant Manager:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	
3	Production Manager:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	
4	Quality Assurance:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	
5	Engineering:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	
6	Customer Service:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	
7	Sales/Marketing:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	
8	Other:	Email Address:	Phone#:	<input type="checkbox"/>
			Ext.	

Please proceed to the next page, SECTION I.B.

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SECTION I.B: INTERNATIONAL TRADE RESTRICTIONS

Is your company aware of federal restrictions on data and products to companies and citizens of foreign countries, in accordance with **ITAR** (International Traffic in Arms Regulations) **AECA** (Arms Export Control Act), **EAR** (Export Administration Regulations), and **EAA** (Export Administration Act)?

Yes ☐ No ☐

Are personnel *trained, certified, or licensed* in accordance with ITAR, AECA, EAR, or EAA?

Yes ☐ No ☐

SECTION II: MANUFACTURING PROCESS CAPABILITIES

Please indicate which capabilities you have in-house (IH)/subcontract (SC).

Internal JEM Code	Capability	IH	SC	Internal JEM Code	Capability	IH	SC
005M	Forging/Casting	<input type="checkbox"/>	<input type="checkbox"/>	201	Custom RF Connectors	<input type="checkbox"/>	<input type="checkbox"/>
005M	Forming/Stamping	<input type="checkbox"/>	<input type="checkbox"/>	201	RF and Electronic Connector	<input type="checkbox"/>	<input type="checkbox"/>
005M	General Metal Machining	<input type="checkbox"/>	<input type="checkbox"/>	202	Custom Fasteners	<input type="checkbox"/>	<input type="checkbox"/>
005NM	General Non-Metal Machining	<input type="checkbox"/>	<input type="checkbox"/>	202	Hardware Fasteners	<input type="checkbox"/>	<input type="checkbox"/>
005M/NM	CNC Machining	<input type="checkbox"/>	<input type="checkbox"/>	204	Electronic Components (Non-Connector)	<input type="checkbox"/>	<input type="checkbox"/>
006	Connector/Fastener Modification	<input type="checkbox"/>	<input type="checkbox"/>	205	Adhesives, Sealants and Coatings	<input type="checkbox"/>	<input type="checkbox"/>
010	Extrusion Work	<input type="checkbox"/>	<input type="checkbox"/>	206	Miscellaneous Parts	<input type="checkbox"/>	<input type="checkbox"/>
015	Sheet Metal Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	301	Raw Aluminum	<input type="checkbox"/>	<input type="checkbox"/>
020	Fiberglass Reworking	<input type="checkbox"/>	<input type="checkbox"/>	302	Raw Metals	<input type="checkbox"/>	<input type="checkbox"/>
025	PCB Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	303	Raw Non-Metal Materials	<input type="checkbox"/>	<input type="checkbox"/>
030	Part Label	<input type="checkbox"/>	<input type="checkbox"/>	304	Raw PCB	<input type="checkbox"/>	<input type="checkbox"/>
035	Rubber Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	400	Weldment (Weld, Rivet)	<input type="checkbox"/>	<input type="checkbox"/>
040	Vacuum-Formed Composites	<input type="checkbox"/>	<input type="checkbox"/>	450	Wire/Cable Fabrication	<input type="checkbox"/>	<input type="checkbox"/>
040	Thermoformed Composites	<input type="checkbox"/>	<input type="checkbox"/>	504	Miscellaneous Sub-Assembly	<input type="checkbox"/>	<input type="checkbox"/>
045	Tape Part	<input type="checkbox"/>	<input type="checkbox"/>	505	Assembly - Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
050	Plastic Over-Molding	<input type="checkbox"/>	<input type="checkbox"/>	725	Plating	<input type="checkbox"/>	<input type="checkbox"/>
055	Injection Molding	<input type="checkbox"/>	<input type="checkbox"/>	725	Painting	<input type="checkbox"/>	<input type="checkbox"/>
055	Reaction Injection Molding	<input type="checkbox"/>	<input type="checkbox"/>	725	Silk Screening	<input type="checkbox"/>	<input type="checkbox"/>
060	Fiberglass Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	725	Heat Treating & Tempering	<input type="checkbox"/>	<input type="checkbox"/>
060	Composite Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	733	Software	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

SECTION II.A: SOFTWARE COMPATIBILITY

What file formats do you accept?

Adobe Acrobat (PDF) ☐ MS Word ☐ AutoCAD (DXF) ☐ SolidWorks (SLDPRT) ☐

Other (please specify) ☐

SECTION II.B: QUALITY STANDARDS & COMPLIANCE

Does your Production/Quality Management System* Comply with any of the following (check all that apply)?

ISO ☐ SAE ☐ MIL ☐ IPC ☐ NADCAP ☐ ASTM ☐ Other (please specify) ☐

**If your Production/Quality Management System is certified by ANY of the standards we have indicated above, please include a copy of the certificate(s) and skip to SECTION IV without filling out SECTION III.*

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SECTION III (pages 3 – 5) are to be filled out by the supplier's

Quality Assurance/Quality Control Department.

*** SECTIONS III must only be filled out by Quality Assurance/Quality Control Department personnel.***

SECTION III: SUPPLIER SELF-AUDIT

The intention of this questionnaire is to provide JEM Engineering with information to assist in the evaluation of your company's potential to supply products and/or services at the quality level and consistency required by our Quality and Purchasing Departments.

- The questionnaire is *general* and certain questions may not be applicable to your company's products or services.
- "YES" indicates that your company fully complies with the statement.
- "NO" indicates that your company does not comply with the statement and is not currently addressing the non-compliance.
- If you are addressing the non-compliance, please check "In Progress" and describe the proposed corrective action on a separate sheet.
- In some cases, questions may appear to be redundant. However, each question is asked in relation to specific sections (see headers), therefore, we ask that you please answer them.
- If your Production/Quality Management system has **ANY** of the following certifications, please skip/omit SECTION III entirely, and include a copy of the certificate(s) when submitting your complete packet to purchasing@jemengineering.com:
 - ISO
 - SAE
 - MIL
 - IPC
 - NADCAP
 - ASTM
- Please do not forget to complete SECTION IV.

1.	Quality Control System & Procedures	YES	NO	In Progress	N/A
a.	Our written QC procedures are available and maintained for use by all inspection personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We periodically update our Manual of QC procedures to adhere to the latest industry best practices and requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Our Manual is collaborated upon, or reviewed by, a third-party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The QC department reviews manufacturing plans prior to implementation to establish appropriate inspection points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	We have documented quality training and qualification program in effect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Procurement Control	YES	NO	In Progress	N/A
a.	We evaluate and audit the quality capabilities of our own suppliers prior to procurement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We keep and periodically update a list of approved suppliers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We maintain and analyze receiving and inspection records to assess quality trends and initiation of corrective actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	We keep and maintain a supplier performance rating system to ensure continued quality and to assist in the supplier selection process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Our purchase orders reference applicable specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	QC reviews purchase orders to assure incorporation of specifications and quality requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	We obtain certified reports of Certificates of Conformance (CofCs) for purchased material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	We periodically conduct tests to verify the legitimacy of CofCs and accuracy test reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION III: SUPPLIER SELF-AUDIT

3.	Control of Purchased Material	YES	NO	In Progress	N/A
a.	Our purchased materials in storage or in inventory are identified as to type, lot, expiration, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We separate and identify contractor furnished materials from the rest of our inventory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We maintain certified reports for traceability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	We have a counterfeit parts/products policy in place to control our contractor furnished materials, so that we may detect and prevent counterfeiting from acquisition to delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Incoming Inspection	YES	NO	In Progress	N/A
a.	We identify incoming materials that are pending inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We furnish copies of purchase orders for receiving inspection personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We furnish copies of drawings and specifications for receiving inspection personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Our receiving inspection personnel has provisions in place to prevent unauthorized use of material pending acceptance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	We provide instructions/make instructions available to receiving inspection personnel regarding established acceptance criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	We have a document control procedure in place to assure conformance with drawing and order changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Testing & Measurement Equipment	YES	NO	In Progress	N/A
a.	Our inspection gages, measuring devices, and testing equipment are inspected and re-calibrated at specified intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We maintain records of re-calibration dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We identify our testing and measurement equipment's current calibration status via decal or other means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	We have a product recall process for instances where a machine or tool is found to be out of tolerance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Inspection	YES	NO	In Progress	N/A
a.	We use shop travelers, operation sheets and/or inspection instructions to indicate inspection operations performed during manufacturing processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We perform final/finished goods inspections and record their results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We employ valid statistical QC methods for characteristics that are not 100% inspected (ex. lot testing/inspection w/ appropriate sample size).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	We furnish/display adequate in-process inspection instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	We provide periodic training to inspection personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	We periodically re-evaluate storage-sensitive materials in accordance with applicable specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	QC approves test procedures to assure compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	We can perform First Article Inspections (FAIs) prior to production processing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	We keep records of corrective actions taken during manufacturing processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION III: SUPPLIER SELF-AUDIT

7.	Nonconforming Product Control	YES	NO	In Progress	N/A
a.	We have procedures in place to detect product variations from buyer or seller specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We utilize rejection data to prevent reoccurring nonconformance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We identify and separate nonconforming supplies from normal production channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	We present deviations to our customers for approval prior to shipping our products.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A specific person is responsible for disposition of non-conforming items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e1.	If YES, please provide their name AND title:				
8.	Drawings & Change Control	YES	NO	In Progress	N/A
a.	We furnish Engineering Drawings and Specifications at the time and place of inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Inspection personnel can readily reference engineering change orders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We have a document control procedure to assure shop conformance with drawings and order changes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	We systematically recall obsolete specifications and drawings from point of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A specific person or department is responsible for recalling obsolete specifications and drawings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e1.	If a specific person is responsible, please provide their name AND title:				
9.	Packaging & Shipping	YES	NO	In Progress	N/A
a.	We provide written instructions for preservation, packaging, labeling, and shipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	QC verifies conformance of shipments for applicable preservation, packaging, labeling, and shipping requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	QC checks documentation prior to product(s) release for packaging and shipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Special Processes	YES	NO	In Progress	N/A
a.	Our gauges, instruments, and other devices used to control our special processes are subject to calibration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	We maintain such calibration records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	We have product recall processes in place for instances where a machine or tool is found to be out of tolerance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please proceed to the next page, SECTION IV.

****All suppliers must fill and sign SECTION IV. The Supplier Survey is incomplete without completing this page.**



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SECTION IV: UNIQUE CAPABILITIES

If your company has any unique manufacturing capabilities/technologies not indicated in SECTION II (Page2), please list and/or describe them in this section. (ex. Machine Shop, Metallurgical Lab, Welding, etc.)

SECTION IV.A: COMMENTS

If there is any information you would like to add, please do so in this section.

Questionnaire completed by

Signature: _____

Name (printed): _____

Job Title: _____

Date: _____

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APPROVED ☐ or REJECTED ☐ by

Signature: _____

Name (printed): _____

Job Title: _____

Date: _____