

Date _____ Supplier Name _____
 Supplier Address _____
 Street Number / Name / PO Box Number _____
 Supplier Rep. _____
 Please Print _____ City _____ State _____ Zip _____
 Supplier Rep. Title _____ Phone _____
 Supplier Rep. Signature _____ Fax _____
 Quality System Certified to _____ E-mail _____
 Date Certification Received _____ Quality Manager _____
 Certificate on File Yes No Registrar _____

Distributor
 On Customer Approved Source List Customer _____ Source List Dated _____

Lime City Mfg. Co., Inc. Company suggests all Vendor/Subcontractors to become certified to an ISO Quality System Standard. Products produced for Lime City Mfg. Co., Inc. shall meet the requirements of ISO 9001:2000, as well as any customer requirements. Lime City Mfg. Co., Inc.'s assistance is always available to help you in achieving these goals. The outcome of these endeavors will be beneficial to everyone involved through higher quality products and continued business relations.

If you are third party certified, are a distributor, or are listed on our Customer's Approved Source List, you do not need to complete the rest of this survey, please attach certifications as appropriate and any significant awards and return this document to Lime City Mfg. Co., Inc.'s Purchasing Department.

Please check the appropriate box, YES, NO or N/A (not applicable).

		YES	NO	N/A
1	Do you have formal, documented policies, procedures and work instructions for quality related issues?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does your Executive Management periodically review your Quality System?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your business plan include benchmarking?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are formal responsibilities defined for personnel performing work affecting product quality?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Do you have an advanced quality planning procedure / process?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do you apply Reliability and Maintainability principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have an on-going continuous improvement effort?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Do you have procedures for reviewing contracts and purchase orders?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Do you have design capability?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Software?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you perform design verification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you perform design validation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you use statistical techniques (e.g.: SPC) to verify product characteristics and process capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you have a system to control quality related documents?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Do you have a system to evaluate your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Do you have a system for controlling Customer Supplied Product?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Do you identify products and maintain traceability throughout all stages of production, storage, and shipment?	<input type="checkbox"/>	<input type="checkbox"/>	

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Please check the appropriate box, YES, NO or N/A (not applicable).		YES	NO	N/A
18	Do you have processes in place to control your manufacturing process?	<input type="checkbox"/>	<input type="checkbox"/>	
19	Is there a formal inspection and test procedure for incoming material?	<input type="checkbox"/>	<input type="checkbox"/>	
20	Is there a formal in process and final inspection program?	<input type="checkbox"/>	<input type="checkbox"/>	
21	Is there a formal inspection and test procedure for outgoing material?	<input type="checkbox"/>	<input type="checkbox"/>	
22	Do you document pre-shipment inspection of product?	<input type="checkbox"/>	<input type="checkbox"/>	
23	Do you require any tooling to be calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	
24	Are records of calibration schedule maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Do you identify / control nonconforming product? (tag and segregate?)	<input type="checkbox"/>	<input type="checkbox"/>	
26	Do you have a corrective action program?	<input type="checkbox"/>	<input type="checkbox"/>	
27	Does your corrective action program utilize documented Root Cause Analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Do you have a written procedure for handling, storing, packaging, preservation and delivery of product?	<input type="checkbox"/>	<input type="checkbox"/>	
29	Is there a system to control quality records? (internal and customer related)	<input type="checkbox"/>	<input type="checkbox"/>	
30	Is there an internal auditing program?	<input type="checkbox"/>	<input type="checkbox"/>	
31	Do your internal auditors receive auditor training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Is there a policy or procedure to identify training needs of employees?	<input type="checkbox"/>	<input type="checkbox"/>	
33	Do you have a servicing process in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Are trends such as on-time shipments, percentage of orders filled, customer satisfaction tracked?	<input type="checkbox"/>	<input type="checkbox"/>	
35	Do you have a process for knowing what the Customer Requirements are?	<input type="checkbox"/>	<input type="checkbox"/>	
36	Do you have a customer complaint program?	<input type="checkbox"/>	<input type="checkbox"/>	

Thank you for your cooperation

Notes

Date _____ Supplier Name _____
 Supplier Address _____

Subcontractor Exceptions / Waiver Specifics Documentation Area -For Internal Use Only

_____ # Employees Part of a Large Corporation Yes No
PROCEED TO INTERNAL QUALITY OPERATING SYSTEM SECTION

Internal Quality Operating System
 In Process Toward Certification Yes No Date Certification Expected _____
 Registrar _____
 IQS Audit By Lime City Mfg. Co., Inc. _____
 Audit Scheduled _____ Audit Completed _____ Findings Acceptable
 Audit Notes / Evidence Complete and on File in Purchasing Department Findings NOT Acceptable
 Use with Conditions _____

Request To Customer To Conduct Second Party Audit (Non Mom and Pop Shop) Date Requested _____
 Request Made To (Customer Representative) _____
 Notes of Verbal Request and Written Request on File At Sanyo _____ Date Audit Scheduled _____
 Request To Audit - Approval From Customer Received Authorization on File at Customer _____ Date IQS Completed / Documented _____
 Audit Notes / Evidence Complete and on File in Purchasing Department Findings Acceptable
 Findings NOT Acceptable
 Use with Conditions _____

Request Required To Customer to Add Subcontractor to Approved Source List
 Request Sent To Customer
 Requested From and Date _____
 Sub-Contractor Approval Rec'd From Whom and Date _____
 Request Denied
 Lime City Mfg. Co., Inc.'s Reason to Use Subcontractor without being Added to Customer Approved Source List _____

Certified Minority Supplier (Regional Council) Certificate on File at Customer Expiration Date _____

DATABASE AND GLOBAL SHOP UPDATED

Recommendations / Notes