



Capability Survey Questionnaire

Form Revision: August 1, 2008

Please FAX or MAIL back to:

Attn: Quality Assurance Manager
Tulmar Ridge LLC
745 Graves Street, PO Box 329
Clayton, NY, 13624
Fax: (315) 686-5515

Vendor Organization Information

Vendor name: _____ CAGE Code: _____

Date company founded: _____ Website: _____

Billing Address: _____ Shipping Address: _____

Contact: _____

Contact: _____

Tel: _____

Tel: _____

Fax: _____

Fax: _____

▼ President/Owner: _____ Ph: _____ Fax: _____ Email: _____

▼ Customer Service Representative: _____

▼ Sales Representative: _____

▼ Quality Manager: _____

▼ Other: _____

Number of employees : Mgmt _____ Admin _____ Engrs _____
QA _____ Prod _____ Others _____ Total : _____

Type of Business : Manufacturer (O.E.M.) Sub-Contractor Distributor
 Repair & Overhaul Facility Other: _____



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Please answer each question in its entirety. If not applicable, circle N/A.

1	Does your company have a documented Quality Program? If yes, what does it meet?	Yes	No	N/A
2	Has your Quality Program been certified by a Third-Party Registrar? If yes, please provide a copy of the current Quality Approvals your company holds as an attachment to this questionnaire.	Yes	No	N/A
3	Specify the types of inspections performed at:	100%	Sampling	Other
	a) Incoming			
	b) In-Process			
	c) Final			
4	During production process, are products identified for traceability?	Yes	No	N/A
5	Is there a procedure to assure that non-conforming parts are investigated, identified, segregated and properly disposed of?	Yes	No	N/A
6	Are shipments identified with the customer's purchase order number, part number and quantity?	Yes	No	N/A
7	Can you provide the following documents, automatically with each shipment, as applicable?			
	a) Packing Sheets	Yes	No	N/A
	b) Certificates Of Conformance	Yes	No	N/A
	c) Certified Test Reports	Yes	No	N/A
	d) Copies of the OEM (manufacturer) Certificate	Yes	No	N/A
	e) Material Safety Data Sheets (MSDS)	Yes	No	N/A
	f) Hazardous Material Information Labels	Yes	No	N/A
g) Other:				
8	For how long are quality records maintained?			
9	Do you require an authorization number for the return of non-conforming products to your facility?	Yes	No	N/A
	If yes, provide name and contact info.			
10	Would you permit a member of our company and/or our customer to visit your premises to conduct an on-site assessment?	Yes	No	N/A

This questionnaire was completed to the best of my ability and the answers provided herein are true and accurate statements that correctly reflect the company's current status.

Signature and Title

Date



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For internal purposes only:

Questions/Comments:

Supplier Initial Rating for: **Service** _____ **Reliability** _____ **Documents** _____

Vendor CSQ Response:

- Accepted: Proceed by entering data in Quality System**
- Rejected - Reason:**

Reviewed By: _____
Signature Date