# **Supplier Self Audit Qualification Form**

Directions: Complete per Section 5 NISOC

SUPPLIER NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

## **SUPPLIER INFORMATION**

TYPE PRODUCT: ☐ ELECTRICAL ☐ ELECTRONIC

☐ SOFTWARE ☐ MECHANICAL ☐ HYDRAULIC

☐ CHEMICAL ☐ COMPUTER

SPECIFIC ITEM: _____

_____

TOTAL # EMPLOYEES: _____

# EMPLOYEES-QUALITY: _____

# EMPLOYEES-ENGINEERING: _____

# EMPLOYEES-PRODUCTION: _____

QUALITY REPRESENTATIVE: _____

REPORT DATE (MM/DD/YYYY): _____

CONTACT REFERENCES:

FAA #: _____

FAA #: _____

DLA #: _____

GSA #: _____

OTHER: _____

_____

_____

# SUPPLIER SELF AUDIT QUALIFICATION FORM

SUPPLIER NAME: _____ DATE: _____

LOCATION: _____

SUPPLIER INTERNAL AUDITOR: _____

AUDITOR SIGNATURE _____

QUALITY MANAGEMENT PLAN ANSI/ISO9000

| ELEMENT | CERTIFIED | COMPLIANT | EXIST | | POINTS |
|---|---|---|---|---|---|
| 1 | ☐ | ☐ | ☐ | | **0.0** |
| 2 | ☐ | ☐ | ☐ | | **0.0** |
| 3 | ☐ | ☐ | ☐ | | **0.0** |
| 4 | ☐ | ☐ | ☐ | | **0.0** |
| 5 | ☐ | ☐ | ☐ | | **0.0** |
| 6 | ☐ | ☐ | ☐ | | **0.0** |
| 7 | ☐ | ☐ | ☐ | | **0.0** |
| 8 | ☐ | ☐ | ☐ | | **0.0** |
| 9 | ☐ | ☐ | ☐ | | **0.0** |
| 10 | ☐ | ☐ | ☐ | | **0.0** |
| 11 | ☐ | ☐ | ☐ | | **0.0** |
| 12 | ☐ | ☐ | ☐ | | **0.0** |
| 13 | ☐ | ☐ | ☐ | | **0.0** |
| 14 | ☐ | ☐ | ☐ | | **0.0** |
| 15 | ☐ | ☐ | ☐ | | **0.0** |
| 16 | ☐ | ☐ | ☐ | | **0.0** |
| 17 | ☐ | ☐ | ☐ | | **0.0** |
| 18 | ☐ | ☐ | ☐ | | **0.0** |
| 19 | ☐ | ☐ | ☐ | | **0.0** |
| 20 | ☐ | ☐ | ☐ | | **0.0** |
| TOTAL POINTS | | | | | **0.0** |

**NOTE: SELF AUDIT IS SUBJECT TO FAA AUDIT**
**Evaluate each of the 20 ISO elements**

| | | |
|---|---|---|
| **If the element EXIST** | | **3.5** |
| **If the element is compliant** | **add** | **1.2** |
| **If the element is CERTIFIED** | **add** | **0.3** |
| **ALL – element total value** | | **5.0** |

**TOTAL QUALITY MANAGEMENT SYTEM =** **0.0**

## Supplier Self Audit Qualification Form / ISO REGISTRATION DATA

**APPLICABLE ISO STANDARD:** _____

**REGISTRAR:** _____

**REGISTRATION #:** _____

**DATE OF LAST CLASSIFICATION AUDIT (MM/DD/YYYY):** _____

**COMMENTS:** _____
_____
_____
_____

## VERIFICATION STATEMENT

**I certify to the best of my knowledge and belief the above assessment of the Quality Management System in use at this organization is true and valid.**

**MANAGEMENT WITH APPOINTED RESPONSIBILITY FOR QUALITY:**

**NAME:** _____

**SIGNATURE:** _____

**DATE (MM/DD/YYYY):** _____

**SEND**