



PRODUCT REALIZATION

Purchasing Process
Supplier Survey

APPROVED:

President *Bill McLendon*

Quality Manager *Davis Robinson*

ORIGINATOR: Tony S, Sparks

Date Requested: _____

Due Date: _____

Attention:

The purpose of this survey is to determine your company's compliance to appropriate Quality Management System and specification requirements along with other ETI Tech,LLC requirements and or its customers.

Our Quality Assurance personnel will evaluate this survey. The submittal of this survey does not by itself constitute an approval of your company as a source for ETI Tech, LLC., nor does it obligate ETI Tech, LLC. to issue bid requests to your company.

After submittal of this form, an on-site audit may be conducted. SLLCe Quality Assurance approval is necessary before any procurement award can be made, it is to your benefit to return this form as soon as possible.

*This survey also serves as a commitment to ETI Tech, LLC. that your company will maintain all documentation on file and make available to ETI Tech, LLC. upon request, as well as **provide all necessary documentation with the delivery of products** such as – Certification of Conformance, Material Certification, Special Process Certification, Dimensional Inspection Documentation and all other required documentation. Additional requirements exist such as right to access premises for DOD contracts may be part of Quality flow down.

INSTRUCTIONS

1. All questions must be answered. Enter an "X" in the appropriate space or answer with the appropriate response (yes, no, N/A if not applicable).
2. Please type or print legibly in ink.
3. Answers should reflect your current status. Do not report procedures or capabilities that are anticipated or proposed.
4. If additional pages are required for detailed information, identify each page with a reference to appropriate question.
5. Submit an equipment list when returning this survey.
6. Return completed survey to ATTN: Quality Manager

Supplier Name:

Address:

City & State:

E-Mail:

Phone:

Quality Contact Name, Job Title, Signature:

Contact Information of ETI Tech, LLC. for this survey: Name _____



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Phone _____ E-Mail _____

1. Describe your primary product or service: _____

2. Number of years in business: _____

3. Number of employees: Total _____ Production _____ Inspection _____ QA _____

4. What percent (%) of your business is? Commercial _____ DOD _____

5. Have other companies approved your facility? [] yes [] no

If yes, please name: _____

6. Quality Management System Certified to:

AS 9100 _____ ISO9001 _____ NADCAP _____ Other _____

Attach copy of certificate.

7. Counterfeit prevention policies and procedures in place? [] yes [] no

8. Cyber security policies and procedures in place? [] yes [] no If Yes to what
standard? _____

FOR ETI TECH, LLC. QUALITY MANAGER USE ONLY

Supplier Approved? [] yes [] no If approved, is an ETI Tech, LLC. Proprietary Information Agreement
required? [] yes [] no If required, Completion Date: _____

An on-site Quality audit needs conducted? [] yes [] no

Supplier information added to the Approved Supplier Log? [] yes [] no

Supplier information added to the supplier performance evaluation rating? [] yes [] no

Signature _____ Date _____