



# Supplier Questionnaire

# QF 8.4-1

Company Information	
Supplier Name:	Date:
Address:	Phone #:
Principal Products / Services:	

Personnel Information	
Primary Contact:	Total Number of Employees:
President:	Total Number of Quality Personnel:
Plant Manager:	Total Number of Production Personnel:
Quality Manager:	Other Key Personnel:
Engineering:	

Quality System Information	
<b>Are you certified, or do you have any plans for pursuing certification for ISO9001, AS9100 and/or Nadcap Quality System?</b>	
Certified for:	Certification Number:
Date of Certification:	Expiration Date of Certification:
Planned to be Certified for:	Planned date of Certification:

<b>If you are ISO9001/AS9100/Nadcap Certified, disregard the following questions, sign below and send a copy of the certification(s). If you are not ISO9001/AS9100/Nadcap Certified, please answer the following questions -</b>	
1. Do you have a documented Quality Management System, including Quality Policy & Objectives, Quality Manual, Procedures, Work Instructions and Records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How do you control the documents mentioned above? (Control of revisions to documents, procedures, etc.)	
3. How do you control the records mentioned above? (i.e. Filing, Retention, Disposition)	
4. Are you committed to meeting your customer's requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What are your Quality Objectives and Quality Policy?	
6. Who is your Management Representative responsible for the Quality Management System?	

Approvals	Revision/Date	Reason for Change
Gerald Renaud	01 1/01/23	Release



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7. How often and what do your Top Management review during Management Reviews?	
8. Who reviews the customer's requirements (i.e. P.O.'s, drawings, specs)?	
9. Do you design your own products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. How do you evaluate your Suppliers?	
11. Do you sub-source products purchased by us? If yes, what?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are products identified and traceable throughout your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are your processes controlled, including maintenance of your equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What standard is your measuring and monitoring devices controlled to (i.e. ISO 10012, ANSI Z540, ISO 17025)?	
15. What measurements of performance do you monitor, including information relating to customer perception of meeting our requirements? Do you practice continual improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. How often do you audit your Quality Management System?	
17. Do you have records of your Receiving, In-process and Final Inspection activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. How do you control product/material that is nonconforming?	
19. Do you have a Corrective/Preventive action program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do you have a training program for your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do you comply with the Conflict Mineral reporting regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supplier Sign-Off		
Completed By:	Title:	Date:

Please Fax, Mail, or Email Questionnaire to :  
 Ms, Josie Desroches, Quality  
 B&R Machine  
 305A Moody Street  
 Ludlow, MA 01506  
 Telephone: (413) 547-2920 Fax: (413) 547-2981  
 Email: [jdesroches@brmachineinc.com](mailto:jdesroches@brmachineinc.com)

For B&R Machine Use Only – Questionnaire Review	
Reviewed By:	Title:
Supplier Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

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