

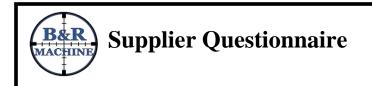
Company Information		
Supplier Name:	Date:	
Address:	Phone #:	
Principal Products / Services:		

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

If you are ISO9001/AS9100/Nadcap Certified, disregard the following questions, sign below and the certification(s). If you are not ISO9001/AS9100/Nadcap Certified, please answer the following the certification(s).	
1. Do you have a documented Quality Management System, including Quality Policy & Objectives, Quality Manual, Procedures, Work Instructions and Records?	🗆 Yes 🗆 No
2. How do you control the documents mentioned above? (Control of revisions to documents, procedu	res, 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	🗆 Yes 🗆 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



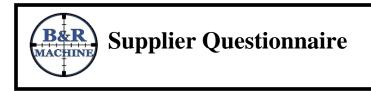
7. How often and what do your Top Management review during Management Reviews?	
8. Who reviews the customer's requirements (i.e. P.O.'s, drawings, specs)?	
9. Do you design your own products?	🗆 Yes 🗆 No
10. How do you evaluate your Suppliers?	
11. Do you sub-source products purchased by us? If yes, what?	🗆 Yes 🗆 No
12. Are products identified and traceable throughout your facility?	🗆 Yes 🗆 No
13. Are your processes controlled, including maintenance of your equipment?	🗆 Yes 🗆 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?	🗆 Yes 🗆 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?	🗆 Yes 🗆 No
18. How do you control product/material that is nonconforming?	
19. Do you have a Corrective/Preventive action program?	🗆 Yes 🗆 No
20. Do you have a training program for your employees?	🗆 Yes 🗆 No
21. Do you comply with the Conflict Mineral reporting regulations?	🗆 Yes 🗆 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

For B&R Machine Use Only – Questionnaire Review		
Reviewed By:	Title:	
Supplier Approved? Yes No	Date:	

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