



Supplier Account Information & System Evaluation Survey

LEGAL BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

PHYSICAL ADDRESS: _____
(If different from above)

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

SHIPPING ADDRESS: _____
(If different from above)

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

WEBSITE: _____ EMAIL: _____

FEDERAL ID #: _____

TAX EXEMPT YES NO

(If yes, please enclose a signed certificate)

TYPE OF BUSINESS: PARTNERSHIP PROPRIETORSHIP CORPORATION LLC
 OTHER: _____

PRIMARY BUSINESS ACTIVITY: _____

YEARS IN BUSINESS: _____ YEARS AT PRESENT LOCATION: _____ TOTAL EMPLOYEES: _____

PRINCIPAL OWNER/OFFICER: _____ TITLE: _____

4125 W Pawnee Wichita KS 67209 PO BOX 2216 Wichita KS 67201 (PH) 316-942-7431 (Fax) 316-942-4971



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CONTACT INFORMATION:

ACCOUNTS PAYABLE CONTACT	NAME		TITLE	
	PHONE		ALT/CELL	
	EMAIL		FAX	
PURCHASING CONTACT	NAME		TITLE	
	PHONE		ALT/CELL	
	EMAIL		FAX	
QUALITY CONTACT	NAME		TITLE	
	PHONE		ALT/CELL	
	EMAIL		FAX	

APPROVALS:

(Please check all that apply. Include copies of each certificate and current organizational chart. If certified to a Quality System Standard, suppliers do not need to complete pages 3-5.)

ISO 9001/9002:2000
 AS9100
 NADCAP
 ITAR
 Other: _____

IS YOUR COMPANY APPROVED FOR ANY SPECIAL PROCESSES? Y N

(If yes, please submit a list of processes including to which spec company is approved)

DOES YOUR COMPANY HAVE A PROCESS FOR RECEIVING, CONTROLLING, IMPLEMENTING AND UTILIZING CAD/CAM/CAE DATASETS? Y N

SUPPORTING DOCUMENTATION:

(Please be sure to include the following documentation as applicable)

<input type="checkbox"/> SIGNED COPY OF U.S. TAX EXEMPTION CERTIFICATE
<input type="checkbox"/> TRADE REFERENCES
<input type="checkbox"/> ANY QUALITY SYSTEM STANDARD CERTIFICATIONS, ORGANIZATIONAL CHART AND/OR SPECIAL PROCESSES CERTIFICATIONS

Authorized Supplier Signature: _____ Date: _____

Printed Name: _____ Title: _____

FOLLOWING SECTION FOR CECO, INC. USE (REQUIRED ONLY ON NEW VENDORS)

Approved: Y N Supplier Number: _____

CECO, Inc. Authorized Approval Signature: _____ Date: _____

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YES / NO / COMMENTS

- | | | | |
|--|-------|---|--|
| 1. Is there a defined and documented Quality Policy including goals and the commitment to quality? | | | |
| 2. Is there an established Quality Management System utilizing a Quality Manual to ensure conformity of products? | | | |
| Document Title: | | | |
| Revision: | Date: | | |
| 3. Does the Quality Manual include documented specifics concerning: | Y | N | |
| (a) The organizational flow chart? | Y | N | |
| (b) The assignment of personnel for responsibilities within the quality system? | Y | N | |
| (c) The revision control system for documentation within the Quality System? | Y | N | |
| (d) Training programs? | Y | N | |
| (e) Record keeping systems? | Y | N | |
| (f) Discrepant parts and supplies procedures? | Y | N | |
| (g) Test and inspection equipment calibration program? | Y | N | |
| (h) Storage facilities? | Y | N | |
| (i) Environmental controls? | Y | N | |
| (j) A production and inspection stamp accountability system? | Y | N | |
| (k) Corrective action procedures? | Y | N | |
| 4. Are documented procedures established and maintained for planning and implementing internal quality audits? | | | |
| 5. Does the supplier have design capabilities? | | | |
| 6. Is there a secure system in place to ensure current drawings and specifications are accessible and controlled? | | | |
| 7. Are procedures in place for maintaining technical data and ensuring relevance and accessibility for manufacturing and inspection? | | | |
| 8. Is there a system assuring parts conform to order specifications? | | | |
| 9. Are customer specifications confirmed prior to order acceptance? | | | |
| 10. Is an approved suppliers list, including quality history, maintained? | | | |



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11. Are documented procedures in place for receiving inspections? _____
12. Are all appropriate accompanying documents verified during receiving inspections? _____
13. Are results of receiving inspections documented and retained? _____
14. Production processes are accomplished under controlled conditions? _____
15. Are there documented procedures in place assuring the quality of in-process/final inspection of products? _____
16. Are results of in-process/final inspection of products documented and retained? _____
17. Do you have a documented First Article Inspection procedure? _____
18. Is a lot controlled system or equivalent is used to provide traceability? _____
19. Product is shipped with acceptance test reports, first article inspections, certificates of compliance, etc., as applicable. _____
20. Are documented procedures in place to control, calibrate and maintain the inspection, measuring and test equipment used to demonstrate the conformance of the product? _____
21. Calibration standards are up to date and traceable to NIST or other applicable standard? _____
22. Calibration status is clearly indicated on all measurement equipment? _____
23. Are documented procedures established and maintained to ensure nonconforming product is prevented from being used? _____
24. Is a procedure for disposition of non-conforming material documented? _____
25. Is a procedure in place for notifying customers of non-conforming material that shipped? _____
26. Does packaging and storage of finished products adequately prevent damage? _____
27. Root cause failure analysis is performed on internal and external failures and appropriate corrective action is implemented? _____



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APPROVED SPECIAL PROCESSES

SPECIFICATION NUMBER

CERTIFIED BY

I hereby attest that the answers given within this survey are true and accurate to the best of my knowledge.

Authorized Supplier Signature: _____ Date: _____

Printed Name: _____ Title: _____

PLEASE RETURN COMPLETED SURVEY TO:

**Ceco, Inc.
Megan Krumsick
Controller
megankrumsick@cecoinc.net
4125 West Pawnee
Wichita, KS 67209
phone: (316) 942-7431
fax: (316) 942-4971**