

Renmark Pacific Corporation
 327 East Harry Bridges Blvd
 Wilmington, CA 90744
 Tel. 310-549-3100
 Fax. 310-549-7700
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*** QUALITY MANAGEMENT
 SYSTEM (QMS) SURVEY FOR
 SUPPLIERS**

SCORE IN %	GRADE
n/a	

SUPPLIER:			DATES:		
ADDRESS:					
CITY:		STATE: CA	ZIP CODE:		FAX NUMBER:
QUALITY REPRESENTATIVE AND TITLE:			PHONE NUMBER:		E-MAIL ADDRESS:
PRODUCTS OR SERVICES: Electrical automation and supplies wholesale distributor					

Section (A) Is your company ISO 9001 / AS9100 / TS16949 registered? Yes No
 If Yes, please submit a copy of your certification. You can skip section B of the survey.
 If No, please complete the Section B questionnaire and score the survey per method shown on Page 2.

Section (B) Check mark a score for each question using scoring guidelines.

SCORING GUIDELINES FOR EACH QUESTION:

- N/A This element is not included and documented in the quality system or not applicable (N/A) in our business.
- This element is included and documented but planning and execution require substantial improvement.
 - This element is included, but documentation improvements are required.
 - This element is included and documented, and very little improvement is needed.
 - This element is included and documented; planning and execution are extremely thorough.

1) Is there a quality manual and supporting quality procedures? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
2) Are control plans (eg. shop traveler) generated and used for all products? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
3) Is there a documented system for inspection stations e.g. receiving, first article, in process, final inspection, and product audit? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
4) Is there a system to assure that the latest approved drawing and specifications are on file and used? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
5) Are manufacturing controls, which include set-up, operator instructions, process instructions, and process flowchart and non-conforming material control documented and implemented? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
6) Is there a system to identify and trace material throughout the cycle, and a system for handling, storage and packaging materials to preserve the quality of the finish products? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
7) Is there a system to analyze defective materials returned by customers to initiate and monitor corrective action and preventive action? Comments:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

SURVEY RESULTS SUMMARY

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(A) Total of all Numeric Score Achieved:		Ignore "NA" questions
(B) Total Possible Numeric Score:		(Total numeric questions answered) times 4
(C) Overall score in Percent:		Formula = (A) divided by (B) times 100
Overall GRADE (use table below)		

OVERALL GRADE CRITERIA		
Preferred (ISO9001 or equivalent registered)	A	90% and more
Potential Preferred (Working on Quality Certification)	B	80% - 89%
Satisfactory (Quality System Satisfactory)	C	70% - 79%
Marginal (Improvement needed)	D	60% - 69%
Unsatisfactory (Subject to product performance review)	U	0% - 59%

SUPPLIER CAPABILITIES AND STRENGTHS (DEFINE PRODUCTS) (If necessary, attach supporting documents):	

SUPPLIER WEAKNESSES, FINDINGS, COMMENTS AND RECOMMENDATIONS (If necessary, attach supporting documents):	